

SECTION 3.2
PARTICIPATING HOME HEALTH AGENCIES



MEDICARE

1968

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1968 sect.3.2

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Office of Research and Statistics



Medicare 1968

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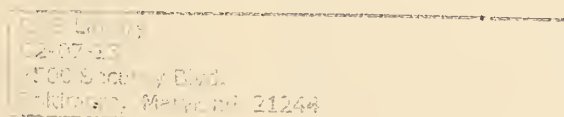
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Medicare

Health Insurance for the Aged, 1968

Section 3.2: Participating Home Health Agencies



Library of Congress Catalog Card Number HEW 66-36

Suggested Citation

U.S. Social Security Administration, Office of Research and Statistics.
Medicare: Health Insurance for the Aged, 1968, Section 3.2: Participating Home Health Agencies. Washington, D.C., 1971.

United States
Government Printing Office
Washington : 1971

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 45 cents
Stock Number 1770-0175

Foreword

WITH THE enactment of the health insurance program for the aged (Medicare), it became possible to organize a continuing information system to report the use of health care services by older Americans. Since Medicare began, one of the basic tasks has been to process and pay claims for covered medical services submitted by or on behalf of the almost 19.8 million persons entitled to hospital insurance benefits and the 18.8 million persons enrolled for supplementary medical insurance benefits. From this operation come data on the amount, the kind, and the cost of such services used by the aged.

This report is one in a series of publications designed to disseminate such data on a regular basis. It provides detailed statistical information on home health agencies participating under Medicare. Other reports in the series will present the number and characteristics of participating hospitals, extended care facilities, independent laboratories, of the insured population, and the utilization of medical care services. The reports are intended to give a comprehensive account of the amounts reimbursed under the program, the kinds of services paid for, and the variations in utilization and reimbursement by age, race, and sex of the beneficiary, as well as his place of

geographic residence. Such data can provide new insights into the patterns of medical care for persons aged 65 and over. A fuller understanding of present practice can contribute to improved health services not only for the aged but for the general population of the United States as well.

Many individuals in the Social Security Administration have assisted with the development of this series. The preparation of these reports is a major function of the ORS Division of Health Insurance Studies under the supervision of Howard West, director, and Aaron Krute, deputy director, and involving a majority of its staff. Important contributions for the tabulation and presentation of the statistical content of this report were made by Frank L. Kirby, Charles G. Scott, and Harvey L. Engbretson of the Statistical Processing and Procedures Branch of that division. Text preparation was the responsibility of Wayne Callahan of the Provider Statistics Branch. Special acknowledgments for publication services are made to the Division of Operating Facilities in the Office of Administration, and for tabulating services to the Division of Health Insurance Statistical Data of the Bureau of Data Processing.

IDA C. MERRIAM,

Assistant Commissioner for Research and Statistics.

September 1971.

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The Statistical System

THIS PUBLICATION is a section of a statistical report series produced from Medicare program records. Presented on a calendar year basis, describing services rendered in the year, the series includes sections on enrollment, characteristics of providers, inpatient care in hospitals and extended care facilities, outpatient hospital services, home health services, physicians' and other medical services, and overall summaries.

The primary objective of these reports is to provide data required to measure and evaluate program operation and effectiveness. Benefit payment operations furnish information about the amount and kind of hospital and medical care services used by persons aged 65 and over, as well as the expenditures for such services. The applications by hospitals, extended care facilities, home health agencies, and independent laboratories to participate in the program provide data on the characteristics of such providers of services. The claim number assigned to each individual serves as the link between the program services utilized and the demographic characteristics of each individual recorded in the health insurance entitlement master file.

The data-collection system has two inherent characteristics that determine the scope, detail, and flexibility of the available data. First, data are collected and maintained on an individual basis so that the beneficiary and his medical experience under the program form the basic unit. Second, records for each bill paid under the program and, for a sample of beneficiaries, records of diagnoses and surgical procedures are maintained on a centralized basis. Except for intermediary operating statistics such as those relating to workloads, costs, and the like, all program statistics are centrally prepared.

THE BASIC RECORDS

The statistical system is based on five related computer-tape records: the health insurance entitlement master file, provider record, hospital insurance (Part A) utilization record, medical insurance (Part B) payment record, and the record containing information from medical insurance bills for a 5-percent sample of supplementary medical insurance enrollees.

THE HEALTH INSURANCE ENTITLEMENT MASTER FILE

The health insurance entitlement master file identifies each aged person eligible for health insurance benefits and indicates whether he is entitled to hospital benefits, to supplementary medical insurance benefits, or to both of these benefits.

This record is used to create a health insurance card that is sent to each insured person. The card contains the individual's claim number (the number used for OASDI or railroad retirement programs). It indicates the entitlement of the individual for the two parts of the Medicare program.

The entitlement record provides the population data for each part of the program and therefore serves as the base for the compilation of a variety of utilization rates, limited only by its demographic content.

PROVIDER RECORD

Every hospital, home health agency, extended care facility, and independent laboratory must apply for participation in the hospital insurance program in order to be reimbursed for services provided. Data included on the application forms have been recorded in the central provider record and are updated as facilities are recertified periodically, as new ones apply for participation, or as some leave the program. When the information in this provider file is combined with utilization data, it serves to relate the characteristics of facilities and agencies that provide care to the kinds and amounts of service used by persons insured under Medicare.

UTILIZATION RECORD FOR HOSPITAL INSURANCE

The administration of the hospital insurance program requires that two items of information be known about each person at the time of his admission to a hospital—his entitlement under the program and the extent to which he has used the benefits available to him under the "benefit period" concept.

When the patient is admitted to a hospital, the admission section of the inpatient hospital admission and billing form is completed by the hospital and forwarded through its intermediary to the Social Security Administration for recording in the central record. As soon as the record is checked, normally in less than 24 hours, the intermediary is informed of the patient's benefit status and the number of days remaining during the "benefit period."

This information is then forwarded to the hospital. At discharge, the hospital completes the billing section of the form and sends it to the intermediary for payment. When approval for payment has been made, the intermediary forwards the claim to the Social Security Administration for inclusion in the central record.

As part of this process, information on diagnoses and surgical procedures are coded for a 20-percent

of the Medicare Program

sample of beneficiaries based on specific combinations of digits in the health insurance claim number. Copies of admission and billing forms are handled in a comparable manner by home health agencies and extended care facilities. The outpatient billing form is also transmitted to the Social Security Administration for recording in the central record after the bill is approved for payment by the intermediary.

All the information on utilization experience in hospital and extended care facilities that is needed to administer the "benefit period" provision is recorded in the central record. This information includes stays in certain nonparticipating institutions that meet the definition of a hospital or extended care facility under the law, and days of care not covered or reimbursable under the program.

Each admission and billing form contains both the beneficiary's claim number and the provider's identification number. The resulting tape record can be readily matched to the beneficiary files and the provider files. By this process, a statistical tape record is created for the sample of insured persons that contains all the available information needed for tabulation from the three files related to Part A utilization.

PAYMENT FOR MEDICAL INSURANCE

Payment or reimbursement under the SMI program is made only after receipt by the carriers (intermediaries involved in Part B of the Medicare program) of bills having allowed charges exceeding \$50 during a calendar year period.

For the insured population, carriers need to know from a central source that the deductible has been met; thereafter, during the remainder of the calendar year, the only additional information required from the Social Security Administration for reimbursement or payment purposes is whether the person is still enrolled under the SMI program.

For administration and operation of the program, the Social Security Administration must have accurate and complete information on the amounts paid by the carriers for physician services and for other services and supplies under this part of the program. To meet these needs, carriers furnish a payment record consisting of tape, punched card, or other machine-readable record of each bill paid. A "bill" is defined as a request for payment from or on behalf of a beneficiary as the result of services provided by a single physician or supplier.

The payment record also contains selected items of information needed to supply an efficient basis for drawing samples of the bills. These items provide a sampling frame that may be used to draw additional

samples designed to obtain specific information not furnished reliably by the basic sample of enrolled persons under the medical insurance program.

THE MEDICAL INSURANCE SAMPLE

Although the payment record provides a rapid method for summarizing payment data and a sampling frame for efficiently drawing additional samples of bills, it does not provide specific data on diagnoses, procedures, and related charges.

Basic statistics on the utilization of physician and other services covered under the supplementary medical insurance program are derived from bills paid by intermediaries to or on behalf of a continuous 5-percent sample of all enrolled persons. Intermediaries have been given specific combinations of digits of the health insurance claim number to be used in selecting the 5-percent sample, which is a subsample of the 20-percent sample used for hospital insurance program data.

Bills are submitted either directly on an SSA request for payment form, or on the SSA form in combination with the physician's billing form. Both methods are designed to provide information on the date and place of each service, the procedure carried out or service provided, the condition treated (diagnosis), and the physician's or supplier's charge for the specific service.

All of the bills of persons in the 5-percent sample to or for whom payment is made under the program, including those used to meet the annual \$50 deductible, are included in the sample and coded. However, data are not available through these procedures for persons in the sample who do not meet the \$50 deductible. Such data are collected by means of the Current Medicare Survey, with data made available in a separate report series.¹

For hospital-based physicians who have authorized the provider to collect the fee for their services, the provider billing for patient services by physicians form is used. This form is completed for each patient. It includes descriptive information on the date and place of each service, the diagnoses, procedures, and the charges. These bills are received centrally for the 5-percent sample of persons enrolled for supplementary medical insurance. Beginning April 1, 1968, it is also possible for the hospital to include payments for radiology and pathology services directly on the hospital bill.

¹ Jack Scharff, "Current Medicare Survey: The Medical Insurance Sample," *Social Security Bulletin*, April 1967.

Home Health Agencies Participating in the Program

TITLE XVIII of the Social Security Act, introduced as part of the 1965 amendments, provides health insurance protection for the aged. To implement the law, two separate but complementary programs were established. The first of these, the hospital insurance (HI) program, provides protection against the cost of hospital and related post-hospital care. The second, termed supplementary medical insurance (SMI), provides coverage of physicians' services and a number of other health items and services not included under the HI program. Both programs cover services provided by home health agencies. These agencies include visiting nurse associations, subdivisions of State or local health departments or other State or local departments, combinations of visiting nurse associations and local health departments, and home care divisions of hospitals or other health care institutions offering home health services.

A home health agency is a public agency or private organization or a subdivision of such an agency or organization that is primarily engaged in providing skilled nursing and other therapeutic services.¹ This report presents selected data on the number, type, and location of agencies providing home health services under Medicare at any time in the period January-December 1968, as well as the kinds of services provided and number of nursing staff employed.

In calendar year 1968, 2,164 home health agencies

participated in the Medicare program (table A). This results in a net increase of 53 over the number that participated in 1967 and 314 over the number that participated during the first 6 months of the program (July-December 1966).² The net increase of 314 agencies between 1966 and 1968 included 217 official agencies, 41 visiting nurse associations, and 27 hospital based agencies. The number of official agencies continued to increase significantly between 1967 and 1968. This type of agency showed a net increase of 51 during this period, accounting for almost all of the net increase in the number of participating agencies.

Geographically, the East South Central and West North Central States showed the largest increases in the number of participating agencies between 1966 and 1968, 74 and 66, respectively. All other divisions showed at least an 8 percent increase during this period. However, between 1967 and 1968, four divisions showed slight decreases in the number of participating home health agencies.

Characteristics of the Agencies

TYPE AND GEOGRAPHIC DISTRIBUTION OF FACILITIES

The overwhelming majority of participating home health agencies are either official health agencies, that is, agencies administered by State or local health departments, or visiting nurse associations (table B). Official health agencies accounted for 60 percent of the 2,164 participating agencies in 1968, and visiting nurse associations represented an additional 26 percent of the total. These two types of agencies have traditionally provided the bulk of home health services.

There are geographic differences by type of participating agency. Visiting nurse associations made up 70 percent of all home health agencies in New England, compared with 2 percent in the East South Cen-

Table A.—Number of participating home health agencies and percent change, by division and year

Division	1966	1967	1968	Percent change		
				1966- 1967	1967- 1968	1966- 1968
All areas.....	1,850	2,111	2,164	+14.1	+2.5	+17.0
United States.....	1,848	2,107	2,160	+14.0	+2.5	+16.9
New England.....	341	370	369	+8.5	-0.3	+8.2
Middle Atlantic.....	303	333	329	+9.9	-1.2	+8.6
East North Central.....	280	321	317	+14.6	-1.2	+13.2
West North Central.....	103	135	169	+31.1	+25.2	+34.1
South Atlantic.....	293	316	325	+7.8	+2.8	+10.9
East South Central.....	134	194	208	+44.8	+7.2	+55.2
West South Central.....	194	206	210	+6.2	+1.9	+8.2
Mountain.....	61	74	78	+21.3	+5.4	+27.9
Pacific.....	139	158	155	+13.7	-1.9	+11.5
Outlying areas.....	2	4	4	+100.0	—	+100.0

¹ "Conditions of Participation: Home Health Agencies" (HIR-12), Social Security Administration.

² See Social Security Administration, Office of Research and Statistics, *Medicare: Health Insurance for the Aged, 1966, Section 3.2: Participating Home Health Agencies* (Washington, D.C.: Government Printing Office, 1970)

Table B.—Number and percent of participating home health agencies, by type of agency, division, and State, 1968

Division and State	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	Other
Percent of total						
All areas.....	2,164	26	5	60	8	2
United States.....	2,160	26	5	60	8	2
New England.....	369	70	2	23	5	0
Maine.....	23	61	4	17	17	—
New Hampshire.....	33	79	—	15	3	3
Vermont.....	10	80	—	20	—	—
Massachusetts.....	178	63	2	28	7	—
Rhode Island.....	24	96	—	—	4	—
Connecticut.....	101	74	1	24	1	—
Middle Atlantic.....	329	34	4	42	19	1
New York.....	132	20	4	46	30	—
New Jersey.....	54	52	6	28	15	—
Pennsylvania.....	143	41	3	44	10	1
East North Central.....	317	26	5	61	6	3
Ohio.....	101	24	6	67	2	1
Indiana.....	26	38	8	46	4	4
Illinois.....	82	29	6	51	8	5
Michigan.....	50	22	4	68	6	—
Wisconsin.....	58	24	—	62	9	5
West North Central.....	169	12	8	64	13	2
Minnesota.....	48	6	6	77	8	2
Iowa.....	22	59	27	14	—	—
Missouri.....	32	9	3	59	22	6
North Dakota.....	7	—	—	86	14	—
South Dakota.....	25	4	—	88	8	—
Nebraska.....	5	—	20	—	60	20
Kansas.....	30	3	10	70	17	—
South Atlantic.....	325	7	11	78	2	2
Delaware.....	8	13	13	50	13	13
Maryland.....	28	11	—	86	4	—
District of Columbia.....	2	50	—	50	—	—
Virginia.....	131	3	—	97	—	—
West Virginia.....	23	9	9	70	4	9
North Carolina.....	17	12	12	71	—	6
South Carolina.....	39	3	—	95	—	3
Georgia.....	15	7	7	73	7	7
Florida.....	62	13	47	37	2	2
East South Central.....	208	2	—	94	4	—
Kentucky.....	16	12	—	50	38	—
Tennessee.....	79	1	—	99	—	—
Alabama.....	54	4	—	96	—	—
Mississippi.....	59	—	—	97	3	—
West South Central.....	210	7	1	90	1	2
Arkansas.....	69	1	—	99	—	—
Louisiana.....	54	7	—	87	—	6
Oklahoma.....	55	—	2	98	—	—
Texas.....	32	28	—	66	3	3
Mountain.....	78	9	15	60	13	3
Montana.....	13	—	—	69	23	8
Idaho.....	10	—	20	40	40	—
Wyoming.....	8	—	—	100	—	—
Colorado.....	20	10	30	55	—	5
New Mexico.....	5	20	20	40	20	—
Arizona.....	10	20	20	50	10	—
Utah.....	9	11	—	78	11	—
Nevada.....	3	33	33	33	—	—
Pacific.....	155	25	5	50	10	11
Washington.....	25	12	16	64	8	—
Oregon.....	30	10	—	83	3	3
California.....	97	33	4	35	11	16
Alaska.....	1	—	—	100	—	—
Hawaii.....	2	—	—	50	50	—
Outlying areas.....	4	25	—	50	25	—
Guam.....	1	—	—	100	—	—
Puerto Rico.....	2	50	—	—	50	—
Virgin Islands.....	1	—	—	100	—	—
Other outlying areas.....	—	—	—	—	—	—

tral States. In contrast, 23 percent of the agencies in New England were official health agencies, while over 90 percent of the agencies in the South Central States were administered by State or local health departments.

In only four geographic divisions did hospital-based programs represent 10 percent or more of the participating agencies in the program—the Middle Atlantic States, with 19 percent; the West North Central and Mountain States, with 13 percent; and the Pacific States, with 10 percent.

In nine States, the State health department elected to participate as a single statewide agency. Technically, each of these health departments constitutes one home health agency. To measure the availability of services with greater geographic precision, however, each individual local unit in these States has been identified and counted separately. The number of subunits of statewide agencies counted in this way are: Alabama, 42 counties; Arkansas, 68 counties; Delaware, 3 counties; Louisiana, 47 parishes; Oklahoma, 49 counties; Pennsylvania, 44 counties; South Carolina, 37 counties; South Dakota, 19 counties; and Virginia, 127 counties and independent cities.

Comparing the distribution of persons enrolled in the Medicare program with the number of participating agencies and the number of nurses (expressed in full-time equivalents) employed by those agencies, provides a rough measure of the geographic differences in the availability of services of home health agencies (table C). It is recognized that the agencies vary considerably in size (measured by the number of employed staff), in the range of services provided, and in the number of patients served. It is also recognized that agencies service the general population as well as those enrolled in Medicare. Even without consideration of these factors, it seems clear that there are wide variations in the availability of home health services in the Nation. Seventeen percent of the agencies, but only 9 percent of the Medicare enrollees, are located in New England. In the Pacific States, however, the opposite is true—only 7 percent of the agencies are located in this area, compared with 14 percent of the enrollees. Variation is also evident if the number of nurses employed by the agencies is compared to the number of persons enrolled in Medicare in the various geographical areas. The New England, South Atlantic, and Pacific States show an average of under 1,000 persons enrolled in Medicare for each nurse employed. In contrast, agencies in the West North Central States average about one nurse for every 2,700 enrollees.

The enrolled population residing in counties in which home health agencies are located is another measure of the availability of home health services (table D). Approximately 15.9 million (82 percent) of the enrolled population in the United States reside in counties where home health agencies are located. In the New England, Middle Atlantic, and Pacific States, over 95 percent of the people enrolled live in counties where participating agencies are located, in contrast to a low of 51 percent in the West North Central States. All the counties in seven States have at least one home health agency. These include Connecticut, Delaware, Massachusetts, New Hampshire,

Table C.—Number and percentage distribution of persons enrolled in the Medicare program, participating home health agencies, and nurses employed, by division, 1968

Division	Persons enrolled ¹		Participating home health agencies		Nurses employed ²		Persons enrolled per nurse
	Number (in thousands)	Percentage distribution	Number	Percentage distribution	Number	Percentage distribution	
United States.....	19,380	100	2,160	100	17,074.7	100	1,135
New England.....	1,255	7	369	17	1,614.2	9	778
Middle Atlantic.....	3,860	20	329	15	3,672.8	22	1,051
East North Central.....	3,752	19	317	15	2,482.3	14	1,512
West North Central.....	1,896	10	169	8	707.1	4	2,682
South Atlantic.....	2,695	14	325	15	3,331.3	20	809
East South Central.....	1,232	6	208	10	1,122.1	6	1,098
West South Central.....	1,747	9	210	10	1,173.6	7	1,488
Mountain.....	654	3	78	4	596.8	4	1,095
Pacific.....	2,289	12	155	7	2,374.6	14	964

¹Persons enrolled in the hospital and/or supplementary medical insurance program as of July 1, 1968.

²Includes registered professional nurses and licensed practical nurses expressed in terms of full-time equivalents.

New Jersey, Rhode Island, and the District of Columbia.

The location of an agency within the borders of a county does not guarantee the availability of that agency's services to the entire population of the county. Conversely, the absence of an agency within the borders of a county does not necessarily mean that services are unavailable. Agencies differ in the geographical areas they service. Some agencies service less than countywide areas while others may service county or multicounty areas. Reference to table D should be made with these qualifications in mind.

AVAILABLE HOME HEALTH SERVICES

The lack of homogeneity among all home health agencies is a noteworthy characteristic of these providers of services. Agencies differ greatly, for example, in the number and variety of services offered. At one end of the spectrum are agencies that provide primarily intermittent or part-time nursing service and one or more other therapeutic services to the housebound. At the other end are agencies providing comprehensive home care programs that coordinate under a central administration the provision of medical, nursing, social, and other services in the home for the patient with multiple medical and paramedical needs. Some of these programs limit admission to very ill or seriously handicapped persons; others admit less seriously ill persons who need only one or two types of service.

To participate in the health insurance program, each of the 2,164 home health agencies certified in the period had to offer skilled nursing care and at least one other therapeutic service. There are 10 *identifiable* types of service available from home health agencies in addition to skilled nursing care (table E). Seventy percent of the participating agencies provided physical therapy; services of home health aides were available from 44 percent of the agencies. Close to 20 percent of the participating agencies provided nutritional guidance, medical appliances and equipment, medical social services, and speech therapy.

There is also a large amount of variation in the type of services available in individual States. For

example, physical therapy services, available from 70 percent of the participating agencies nationally, are offered in each of the eight agencies in Delaware but by none of the eight agencies in Wyoming. Comparable differences in the availability of services (other than nursing care) may be found for all of the other nine types of services.

Table F shows the distribution of the States and territories with at least one participating home health agency according to the relative availability of specified services. There are four States where physical therapy is available in less than 20 percent of the participating agencies. In 22 States, by contrast, 80 percent or more of the agencies offer this service. Except for physical therapy and the services of home health aides, in nearly all the States each of the home health services specified is available in less than two-fifths of the agencies participating.

Home health agencies are required to provide nursing care and at least one other therapeutic service in order to qualify for participation in the Medicare program.

As would be expected, as the size of the agency nursing staff increases, the number of other services also tends to increase (table G). While 45 percent of all participating agencies provided only one therapeutic service in addition to nursing care, almost two-thirds of these were represented by agencies that employed less than four nurses.

Conditions of Participation

The following material is from the Code of Federal Regulations, Title 20, Chapter III, Part 405, "Conditions of Participation: Home Health Agencies" (HIR-12), Social Security Administration.

Definition of home health agency.—As noted earlier, a home health agency under the health insurance program for the aged must be a public agency or private organization or a subdivision of such an agency or organization that is primarily engaged in providing skilled nursing and other therapeutic services. It must also have policies established by an advisory group of professional personnel (including at least one physi-

Table D.—Number of home health agencies, persons enrolled in Medicare, and enrolled population residing in counties with home health agencies, by division and State, 1968

Division and State	All home health agencies	Persons enrolled ¹ (in thousands)	Enrolled population residing in counties with home health agencies	
			Number (in thousands)	Percent of total
United States.....	2,160	19,380	15,860	82
New England.....	369	1,255	1,211	96
Maine.....	23	117	90	77
New Hampshire.....	33	79	79	100
Vermont.....	10	48	33	69
Massachusetts.....	178	628	627	100
Rhode Island.....	24	102	102	100
Connecticut.....	101	280	280	100
Middle Atlantic.....	329	3,860	3,838	99
New York.....	132	1,939	1,928	99
New Jersey.....	54	673	673	100
Pennsylvania.....	143	1,248	1,237	99
East North Central.....	317	3,752	3,128	83
Ohio.....	101	980	891	91
Indiana.....	26	484	254	52
Illinois.....	82	1,079	928	86
Michigan.....	50	745	665	89
Wisconsin.....	58	464	391	84
West North Central.....	169	1,896	976	51
Minnesota.....	48	405	300	74
Iowa.....	22	351	165	47
Missouri.....	32	550	249	45
North Dakota.....	7	66	26	39
South Dakota.....	25	80	45	56
Nebraska.....	5	181	65	36
Kansas.....	30	262	126	48
South Atlantic.....	325	2,695	2,028	75
Delaware.....	8	43	43	100
Maryland.....	28	279	235	84
District of Columbia.....	2	69	69	100
Virginia.....	131	346	313	90
West Virginia.....	23	194	116	60
North Carolina.....	17	394	154	39
South Carolina.....	39	184	156	85
Georgia.....	15	350	141	40
Florida.....	62	835	801	96
East South Central.....	208	1,232	814	66
Kentucky.....	16	332	93	28
Tennessee.....	79	371	340	92
Alabama.....	54	313	215	69
Mississippi.....	59	217	167	77
West South Central.....	210	1,747	1,206	69
Arkansas.....	69	229	222	97
Louisiana.....	54	293	250	85
Oklahoma.....	55	287	247	86
Texas.....	32	939	486	52
Mountain.....	78	654	468	72
Montana.....	13	68	37	54
Idaho.....	10	66	32	48
Wyoming.....	8	30	15	50
Colorado.....	20	182	146	80
New Mexico.....	5	67	30	45
Arizona.....	10	140	127	91
Utah.....	9	73	58	79
Nevada.....	3	28	22	79
Pacific.....	155	2,289	2,191	96
Washington.....	25	312	263	84
Oregon.....	30	217	207	95
California.....	97	1,713	1,690	99
Alaska.....	1	6	1	17
Hawaii.....	2	41	29	71

¹ Persons enrolled in the hospital and/or supplementary medical insurance program as of July 1, 1968.

cian and one registered nurse) to govern and supervise the services it provides, and it must maintain clinical records on all patients. In the case of an agency or organization in any State in which State or applicable local law provides for the licensing of agencies or organizations of this type, the agency must be licensed pursuant to such law, or be approved by the licensing agency of the State or locality as meeting the standards established for licensing home health agencies. In addition, the agency must meet such

other conditions of participation as the Secretary of Health, Education, and Welfare may find necessary in the interest of the health and safety of individuals who are furnished services by such agency or organization.

Private organizations that are not nonprofit groups exempt from Federal income taxation under section 501 of the Internal Revenue Code of 1954 may not be considered to be home health agencies unless they are licensed under State law and meet additional standards and requirements prescribed in the regulations. Under the hospital insurance program only, an agency that provides care and treatment primarily of patients with mental diseases cannot be considered a home health agency.

The Secretary may, at the request of a State, establish higher health and safety requirements for agencies in that State than in other States. Where a State or political subdivision establishes higher requirements for home health agencies as a condition for the purchase of services under Title I, XVI, or XIX of the Social Security Act, the same requirements must be applied under Medicare. States that have established higher requirements are Connecticut, New Jersey, Massachusetts, and Rhode Island.

All home health agencies must also comply with the requirements of Title VI of the Civil Rights Act of 1964. This Act provides that no person, on the ground of race, color, or national origin shall be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.

Certification of home health agencies.—Agencies that wish to participate under the Medicare program must apply for and establish their eligibility to do so. The agency must demonstrate that it meets the specific statutory requirements described above and is in substantial compliance with the additional conditions of participation prescribed by the Secretary of Health, Education, and Welfare.

Title XVIII of the Social Security Act provides that State agencies, operating under agreements with the Secretary, will determine whether prospective home health agencies meet the conditions of participation. These State agencies certify to the Secretary of Health, Education, and Welfare those home health agencies that they find to be in substantial compliance with the conditions. On the basis of such certification from the State agency, the Secretary determines whether or not a home health agency may participate in the health insurance program as a provider of services. Agencies that wish to participate and have met the requirements for certification must enter into an agreement with SSA not to charge beneficiaries for covered items and services, to return any money collected incorrectly, and to comply with Title VI of the Civil Rights Act of 1964 by providing services on a nondiscriminatory basis.

State agencies must show that the home health agency meets the specific statutory requirements and

Table E.—Number of participating home health agencies and percent offering selected services, by division and State, 1968

Division and State	All home health agencies	Nursing care	Physical therapy	Occupational therapy	Speech therapy	Medical social services	Home health aide services	Interns and residents	Nutritional guidance	Pharmaceutical service	Appliances and equipment	Vocational guidance	Other
Percent													
All areas.....	2,164	100	70	15	21	21	44	2	20	9	19	2	6
United States.....	2,160	100	70	15	21	21	44	2	20	8	19	2	6
New England.....	369	100	79	22	18	15	25	0	5	2	11	0	3
Maine.....	23	100	61	30	17	13	9	—	—	—	13	—	—
New Hampshire.....	33	100	82	18	15	18	9	—	6	3	9	3	3
Vermont.....	10	100	50	30	20	30	10	—	—	—	50	—	—
Massachusetts.....	178	100	75	15	14	19	17	1	6	3	14	—	6
Rhode Island.....	24	100	83	4	4	8	29	—	12	4	12	—	4
Connecticut.....	101	100	92	40	31	6	50	—	4	1	3	—	—
Middle Atlantic.....	329	100	91	13	18	41	41	6	30	14	27	5	14
New York.....	132	100	92	12	18	33	46	9	55	25	40	10	24
New Jersey.....	54	100	91	15	26	18	80	7	24	11	35	2	7
Pennsylvania.....	143	100	91	13	15	56	22	2	10	4	13	1	7
East North Central.....	317	100	67	21	31	12	42	2	14	7	16	2	6
Ohio.....	101	100	64	10	32	2	48	—	13	7	13	—	4
Indiana.....	26	100	58	12	31	12	69	—	15	8	15	4	12
Illinois.....	82	100	82	22	33	15	18	6	17	8	18	2	7
Michigan.....	50	100	70	20	38	26	46	—	14	4	4	—	—
Wisconsin.....	58	100	52	43	21	12	47	3	10	5	29	5	10
West North Central.....	169	100	52	14	23	8	70	3	14	7	16	2	5
Minnesota.....	48	100	48	23	19	4	79	—	17	4	21	—	2
Iowa.....	22	100	54	9	14	4	64	—	—	4	14	—	9
Missouri.....	32	100	50	19	28	25	91	12	31	22	34	9	16
North Dakota.....	7	100	71	29	57	—	71	—	—	—	—	—	—
South Dakota.....	25	100	40	—	4	—	80	4	8	—	4	—	—
Nebraska.....	5	100	60	—	—	—	60	—	—	—	—	—	—
Kansas.....	30	100	60	10	43	7	30	—	10	7	7	—	3
South Atlantic.....	325	100	48	14	21	13	65	2	13	3	11	2	6
Delaware.....	8	100	100	38	62	62	25	—	62	12	25	—	38
Maryland.....	28	100	86	21	21	36	36	11	39	4	25	4	7
District of Columbia.....	2	100	100	100	50	100	100	—	100	50	100	—	100
Virginia.....	131	100	18	—	5	3	96	—	2	—	2	—	1
West Virginia.....	23	100	48	—	26	30	70	—	13	22	26	—	13
North Carolina.....	17	100	88	—	6	6	47	—	35	—	35	12	24
South Carolina.....	39	100	44	18	28	5	49	3	3	—	8	3	3
Georgia.....	15	100	53	20	53	27	67	13	20	7	13	—	13
Florida.....	62	100	77	37	40	11	27	2	14	3	8	2	2
East South Central.....	208	100	96	2	24	22	30	1	43	28	31	1	3
Kentucky.....	16	100	56	—	6	31	69	6	75	25	62	—	6
Tennessee.....	79	100	100	2	48	46	33	—	22	2	2	2	2
Alabama.....	54	100	100	2	17	—	11	—	94	94	94	—	—
Mississippi.....	59	100	97	2	5	7	34	—	15	2	3	—	5
West South Central.....	210	100	50	4	9	25	34	1	30	2	19	1	3
Arkansas.....	69	100	100	—	—	—	—	—	52	—	—	—	—
Louisiana.....	54	100	15	2	4	70	11	—	30	4	6	—	2
Oklahoma.....	55	100	6	—	6	9	100	—	2	—	46	—	2
Texas.....	32	100	75	22	41	31	34	3	34	6	34	9	12
Mountain.....	78	100	67	23	22	22	54	3	17	5	14	1	5
Montana.....	13	100	77	23	8	—	38	—	15	—	23	—	8
Idaho.....	10	100	90	10	10	20	30	—	20	20	20	—	10
Wyoming.....	8	100	—	—	—	—	100	—	—	—	—	—	—
Colorado.....	20	100	70	40	40	25	25	—	5	—	—	—	—
New Mexico.....	5	100	80	20	40	60	80	—	80	—	60	—	20
Arizona.....	10	100	60	40	40	30	100	10	10	10	10	10	10
Utah.....	9	100	78	11	11	44	67	11	33	11	22	—	—
Nevada.....	3	100	67	—	—	—	33	—	—	—	—	—	—
Pacific.....	155	100	75	28	28	38	60	1	21	14	28	3	8
Washington.....	25	100	72	20	24	28	8	—	12	8	8	—	4
Oregon.....	30	100	67	20	27	33	57	—	23	7	50	3	10
California.....	97	100	77	32	29	41	76	1	23	16	27	4	7
Alaska.....	1	100	100	—	—	100	—	—	—	—	—	—	—
Hawaii.....	2	100	100	100	50	50	—	—	50	50	50	—	50
Outlying areas.....	4	100	100	25	50	50	75	—	75	50	50	25	25
Guam.....	1	100	100	—	—	—	—	—	—	—	—	—	—
Puerto Rico.....	2	100	100	50	50	50	100	—	100	50	50	50	—
Virgin Islands.....	1	100	100	—	100	100	100	—	100	100	100	—	100
Other outlying areas.....	—	—	—	—	—	—	—	—	—	—	—	—	—

is found to be operating in accordance with all other conditions of participation with no significant deficiencies. Agencies that have deficiencies with respect to one or more other conditions of participation may still be certified if they are making reasonable plans and efforts to correct them, and are rendering ade-

quate care that does not adversely affect the health and safety of beneficiaries being provided services.

Notice of determination of eligibility or noneligibility made by the HEW Secretary on the basis of a State agency recommendation is sent to the home health agency by SSA after such review and profes-

Table F.—Number and percentage distribution of 54 areas,¹ by percent of agencies offering specified service, 1968

Percent of agencies	Physical therapy	Occupational therapy	Speech therapy	Medical social services	Home health aide services	Interns and residents	Nutritional guidance	Pharmaceutical service	Appliances and equipment	Vocational guidance	Other
Number of areas											
Total.....	54	54	54	54	54	54	54	54	54	54	54
Under 20.0.....	4	31	25	28	12	54	32	44	30	53	47
20.0-39.9.....	—	16	15	14	13	—	12	5	13	—	4
40.0-59.9.....	11	5	12	6	8	—	3	3	6	1	1
60.0-79.9.....	17	—	1	3	10	—	2	—	2	—	—
80.0 or more.....	22	2	1	3	11	—	5	2	3	—	2
Percentage distribution											
Total.....	100	100	100	100	100	100	100	100	100	100	100
Under 20.0.....	7	57	46	52	22	100	59	81	56	98	87
20.0-39.9.....	—	30	28	26	24	—	22	9	24	—	7
40.0-59.9.....	20	9	22	11	15	—	6	6	11	2	2
60.0-79.9.....	32	—	2	6	19	—	4	—	4	—	—
80.0 or more.....	41	4	2	6	20	—	9	4	6	—	4

¹ Includes 50 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.

Table G.—Number and percentage distribution of participating home health agencies, by number of therapeutic services¹ provided in addition to nursing care, and number of nurses² employed, 1968

Number of nurses employed	All home health agencies	Therapeutic services provided in addition to nursing care				
		1	2	3	4	5
Number						
All areas.....	2,164	976	559	232	160	237
0.00-1.99.....	580	311	114	59	27	69
2.00-3.99.....	653	339	160	52	51	51
4.00-9.99.....	555	227	175	66	32	55
10.00-19.99.....	210	70	69	24	25	22
20.00-49.99.....	115	25	32	21	15	22
50.00 or more.....	51	4	9	10	10	18
Percentage distribution						
All areas.....	100	45	26	11	7	11
0.00-1.99.....	100	54	20	10	5	12
2.00-3.99.....	100	52	24	8	8	8
4.00-9.99.....	100	41	32	12	6	10
10.00-19.99.....	100	33	33	11	12	10
20.00-49.99.....	100	22	28	18	13	19
50.00 or more.....	100	8	18	20	20	35

¹ Includes physical, speech, or occupational therapy, medical social services, or home health aide services.

² Includes registered professional nurses and licensed practical nurses expressed in terms of full-time equivalents.

sional consultation with the Public Health Service as may be required. If it is determined that the home health agency does not comply with the conditions of participation, the home health agency may appeal from such determination and request a hearing.

Where, by reason of isolated location, the denial of certification of a home health agency to participate in Medicare seriously limits the availability of home health services to beneficiaries, a home health agency may, upon recommendation by the State agency, still be approved by the Secretary as a provider of services. Such approvals are granted only where there are no deficiencies of such character and seriousness as to place health and safety of individuals in jeopardy. A home health agency receiving this special *limited access* approval must furnish information showing the extent to which it is making the best use of its resources to improve its quality of care.

All initial certifications by the State agency to the effect that a home health agency is in substantial compliance with the conditions of participation are for a period of 2 years, which began July 1, 1966, or, if later, with the date on which the home health agency was first found to be in substantial compliance with the conditions. State agencies then visit or re-survey home health agencies where necessary to ascertain continued compliance. A State finding and certification to the Secretary that an agency is no longer in compliance may occur within a 2-year or subsequent period of certification and thereby terminates the State's certification as to compliance. Agencies certified on a *limited access* basis are resurveyed at least annually.

Almost two-thirds of the home health agencies certified for participation in the Medicare program during 1968 were found to have no significant deficiencies (table H). The remainder of the agencies were certified as having correctible deficiencies except for three hospital-based agencies and one official agency that were accorded special certification (limited access) status.

Table H.—Number and percentage distribution of participating home health agencies, by type of agency and level of certification, 1968

Level of certification	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	Other
Number						
All areas.....	2,164	563	104	1,289	162	46
No significant deficiencies....	1,399	344	67	887	73	28
Correctible deficiencies.....	761	219	37	401	86	18
Special certification.....	4	—	—	1	3	—
Percentage distribution						
All areas.....	100.0	100.0	100.0	100.0	100.0	100.0
No significant deficiencies....	64.6	61.1	64.4	68.8	45.1	60.9
Correctible deficiencies.....	35.2	38.9	35.6	31.1	53.1	39.1
Special certification.....	0.2	—	—	0.1	1.8	—

Home health services.—The primary functions of the home health agency include the provision of skilled nursing services and other therapeutic services on a visiting basis in a place of residence used as the beneficiary's home. In addition to skilled nursing services, the agency must provide at least one other therapeutic service such as physical therapy, speech therapy, occupational therapy, medical social services, or home health aide services. Further, the agency must designate a physician or registered professional nurse to supervise the agency's performance in providing these services in accordance with the orders of the physician responsible for the care of the patient and under a plan of treatment established by this physician. In cases where a public or voluntary non-profit health agency provides directly either only skilled nursing services or only other therapeutic services, evidence must be shown that it furnishes the services that it does not directly provide through arrangements with other public or voluntary non-profit agencies.

Services covered under both programs, whether provided by the home health agency or by others under arrangements with the home health agency, include intermittent nursing care; physical, occupational and/or speech therapy; and other related home health services furnished by visiting nurse agencies, public agencies, facility based home health programs, and similar agencies. While the home health patient is expected to be housebound to be eligible for the services to be covered, provision is made for the patient to receive services in a hospital, extended care facility, rehabilitation center, and the like, where the service requires the use of nontransportable equipment and the home health agency assumes the responsibility for arranging and billing for such services. If such services are administered at a rehabilitation center that is not participating in the program as a hospital or home health agency, the rehabilitation center must meet all applicable State and local legal requirements for health and safety.

The plan for services.—Services from the home health agency may be furnished to an individual only while he is under the care of a physician. This physician may be the patient's private physician, a physician on the staff of the home health agency, a physician working under an arrangement with the institution that is the patient's residence or, if the agency is hospital-based, a physician on the hospital or agency staff. The attending physician establishes the plan of treatment, certifies to the necessity for home health services, and periodically reviews the plan relating the services to the patient's condition. A plan is "established" when it is reduced to writing by the physician and is made available to the home health agency that has accepted the patient as a client. The plan specifies the types of services required, and as far as possible provides a long-range forecast of likely changes in the patient's condition. It includes the diagnosis, when and what nursing services are needed, the drugs and medications

expected to be used, the patient's diet, permitted activities, rehabilitation, therapy required, medical social services needed, home health aide services needed, and supplies and appliances to be used.

The plan is signed by the attending physician and incorporated into the agency's permanent record for the patient. Changes are required to be made in writing and signed by the physician or by a registered professional nurse on the staff of the agency pursuant to the physician's verbal orders. All changes in orders for dangerous drugs and narcotics are required to be signed by the physician.

The plan is reviewed by the attending physician, in consultation with agency professional personnel, at such intervals as the severity of the patient's illness requires but at least every 2 months.

Source of the Data

Each home health agency seeking to establish eligibility for participation in the health insurance program submits a completed "Request to Establish Eligibility" (Form SSA-1515, figure 1) through the State agency and the regional office of the Social Security Administration to the central office. The data on this form, and that on the "Certification and Transmittal" (Form SSA-1539, figure 2), are the sources for the information shown in the general tables.

Upon receipt of these forms in the Social Security Administration's central office, the information describing the characteristics of the home health agency is entered into a master provider of services file for storage and retrieval. This provider record is updated as agencies are periodically recertified, as new agencies apply and are accepted for participation, or as some leave the program. The detailed information about each provider recorded in the statistical tapes includes such items as the State and county in which the agency is located, type of home health agency, and types of services provided.

TYPES OF AGENCIES

The several different kinds of home health agencies most commonly participating under the Medicare program are defined below.

Visiting nurse association: A voluntary, nonofficial agency administered by a citizens' group, usually supported by earnings and/or contributions.

Combination government and voluntary agency: An agency jointly administered by a voluntary group and a government agency, and supported by both tax funds and contributions. Such a home health agency is usually one jointly administered by a State or local health department and a visiting nurse association.

Official health agency: An agency administered by a State, county, or other local unit of government, supported by tax funds.



HOME HEALTH AGENCY REQUEST TO ESTABLISH ELIGIBILITY IN THE HEALTH INSURANCE FOR THE AGED PROGRAM

All home health agencies desiring to establish their eligibility in the health insurance program should complete this form and return it to the State agency that is handling the certification process. If a return envelope is not provided, the name and address of the State agency may be obtained from the nearest Social Security Administration district office.

SUBMISSION OF THIS FORM AND ESTABLISHING ELIGIBILITY DOES NOT OBLIGATE A HOME HEALTH AGENCY TO PARTICIPATE. AN AGREEMENT WILL BE MADE AVAILABLE BY THE SOCIAL SECURITY ADMINISTRATION AT A LATER DATE TO HOME HEALTH AGENCIES WHO HAVE ESTABLISHED ELIGIBILITY. THERE IS NO COMMITMENT UNTIL THE AGREEMENT IS SIGNED.

DO NOT WRITE IN THIS SPACE	
ID	
S/C	
SMSA	
DO	
DATE CERTIFIED	
CERTIFICATION	

I. Identifying Information	A. NAME OF AGENCY		STREET ADDRESS	
	CITY, COUNTY, AND STATE		ZIP CODE	TELEPHONE NO. (Including area code)
	NAME OF CHIEF ADMINISTRATIVE OFFICER		TITLE	
	B. NAME AND ADDRESS OF PARENT INSTITUTION (If applicable)			
ITEMS II THROUGH VI ARE FOR STATISTICAL PURPOSES				
II. Type of Home Health Agency (Check one)	<div style="display: flex; justify-content: space-between;"> <div> 1 <input type="checkbox"/> Visiting Nurse Association 2 <input type="checkbox"/> Combination Government and Voluntary Agency 3 <input type="checkbox"/> Official Health Agency </div> <div> 4 <input type="checkbox"/> Rehabilitation Facility Based Program 5 <input type="checkbox"/> Hospital Based Program 6 <input type="checkbox"/> Extended Care Facility Based Program </div> <div> 7 <input type="checkbox"/> Other (Specify) </div> </div>			
III. Type of Control (Check one)	<div style="display: flex; justify-content: space-between;"> <div> 01 <input type="checkbox"/> Voluntary Non-Profit Other Than Church 02 <input type="checkbox"/> Voluntary Non-Profit Church 03 <input type="checkbox"/> State Health Department 04 <input type="checkbox"/> State Welfare Department </div> <div> 05 <input type="checkbox"/> Other State Departments 06 <input type="checkbox"/> City or County Health Department 07 <input type="checkbox"/> City or County Welfare Department 08 <input type="checkbox"/> Other City or County Departments </div> <div> 09 <input type="checkbox"/> Combination Govt. and Voluntary 10 <input type="checkbox"/> Proprietary 11 <input type="checkbox"/> Other (Specify) </div> </div>			
IV. Services Provided by Agency Staff or Under Arrangements (Check all applicable)	<div style="display: flex; justify-content: space-between;"> <div> 01 <input type="checkbox"/> Nursing Care 02 <input type="checkbox"/> Physical Therapy 03 <input type="checkbox"/> Occupational Therapy 04 <input type="checkbox"/> Speech Therapy 05 <input type="checkbox"/> Medical Social Services </div> <div> 06 <input type="checkbox"/> Home Health Aide— Homemaker Service 07 <input type="checkbox"/> Interns and Residents 08 <input type="checkbox"/> Nutritional Guidance 09 <input type="checkbox"/> Pharmaceutical Service 10 <input type="checkbox"/> Appliances and Equipment Service </div> <div> 11 <input type="checkbox"/> Vocational Guidance 12 <input type="checkbox"/> Other (Specify) </div> </div> <p>Some of these services are not reimbursable under the Health Insurance Program. See the Conditions of Participation for those services which are reimbursable.</p>			
V. Physicians	NUMBER OF PHYSICIANS ON THE MEDICAL STAFF			
VI. Number of Employees on the Agcy. Staff (Full-Time Equivalents)	A. REGISTERED PROFESSIONAL NURSES	B. LICENSED PRACTICAL NURSES	C. QUALIFIED PHYSICAL THERAPISTS	D. QUALIFIED OCCUPATIONAL THERAPISTS
	E. QUALIFIED SPEECH THERAPISTS	F. HOME HEALTH AIDES	G. QUALIFIED MEDICAL SOCIAL WORKERS	H. ALL OTHERS
SIGNATURE OF AUTHORIZED OFFICIAL			TITLE	DATE

Figure 2.



CERTIFICATION AND TRANSMITTAL

TO BE COMPLETED BY STATE AGENCY

1. NAME AND ADDRESS OF FACILITY		2. TYPE OF FACILITY (a) <input type="checkbox"/> JCAH General Hospital (e) <input type="checkbox"/> ECF (b) <input type="checkbox"/> Non-JCAH General Hospital (f) <input type="checkbox"/> HHA (c) <input type="checkbox"/> Psych. Hospital (g) <input type="checkbox"/> HHA (Psych.) (d) <input type="checkbox"/> TB Hospital (h) <input type="checkbox"/> Independent Lab.																																
3. TO: BHI Regional Representative Regional Office,		4. DATE OF APPLICATION	5. CERTIFICATION <input type="checkbox"/> INITIAL <input type="checkbox"/> RECERTIFICATION	6. STATE																														
7. PURSUANT TO PROVISIONS OF SEC. 1864 OF THE SOCIAL SECURITY ACT, AND UPON CONSIDERATION OF ALL FACTS, THE FACILITY IS CERTIFIED AS: (a) <input type="checkbox"/> In substantial compliance with the conditions of participation (with no significant deficiencies) (b) <input type="checkbox"/> In substantial compliance with the conditions of participation (with correctable deficiencies) (c) <input type="checkbox"/> Meeting the conditions for special certification (limited access) (d) <input type="checkbox"/> Not (or no longer) in compliance with conditions of participation																																		
8. SUPPLEMENTAL INFORMATION ON HOSPITALS AND ECF'S NOT IN COMPLIANCE (a) <input type="checkbox"/> Facility is in conformance with 1861 (e) (1) (Definition of hospital) (b) <input type="checkbox"/> Facility is in conformance with 1861 (j) (1) (Definition of ECF) (c) <input type="checkbox"/> Hospital is in conformance with 1861 (e) (1-5) and (7) (Eligible for emergency services)																																		
9. JCAH ACCREDITATION VERIFIED <input type="checkbox"/>	10. RECOMM. RE-SURVEY DATE	11. CONDITIONS OF PARTICIPATION WITH MAJOR DEFICIENCIES (Circle) (Complete when items 7b, 7c, or 7d are checked) <table style="width: 100%; text-align: center;"> <tr> <td>I</td><td>II</td><td>III</td><td>IV</td><td>V</td><td>VI</td><td>VII</td><td>VIII</td><td>IX</td><td>X</td><td>XI</td><td>XII</td><td>XIII</td><td>XIV</td><td>XV</td> </tr> <tr> <td>XVI</td><td>XVII</td><td>XVIII</td><td>XIX</td><td>XX</td><td>XXI</td><td>XXII</td><td>XXIII</td><td>XXIV</td><td>XXV</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV	XVI	XVII	XVIII	XIX	XX	XXI	XXII	XXIII	XXIV	XXV					
I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV																				
XVI	XVII	XVIII	XIX	XX	XXI	XXII	XXIII	XXIV	XXV																									
12. EVIDENCE AND REASONING (Include results of consultation)																																		

☐ CONT. ON ATTACHED SHEET

13. PREPARED BY	14. DATE	15. REVIEWED BY	16. DATE
TITLE		TITLE	

TO BE COMPLETED BY REGIONAL OFFICE

17. DETERMINATION OF ELIGIBILITY (a) <input type="checkbox"/> Facility is eligible to participate (b) <input type="checkbox"/> Facility is not eligible to participate		18. FACILITY IS IN COMPLIANCE WITH TITLE VI OF CIVIL RIGHTS ACT <input type="checkbox"/>
19. REGIONAL OFFICE REVIEW ACTION (a) <input type="checkbox"/> Approved SA Certification No change (b) <input type="checkbox"/> Following consultation with SA, original certification of compliance changed to non-compliance (c) <input type="checkbox"/> Following consultation with SA, original certification of non-compliance changed to compliance		
20. REMARKS		

21. PHS REVIEWER (where applicable)	22. DATE	23. DETERMINATION APPROVED	24. DATE

TO: BHI
 Division of Methods and Procedures
 Baltimore, Maryland 21235

Hospital-based agency: An agency administered by a hospital, supported by taxes and/or community funds.

Other agencies: Groups other than visiting nurse associations, combination government and voluntary agencies, official health agencies, or hospital-based agencies, that administer organized programs. Such agencies might include those that are rehabilitation facility-based, extended care facility-based, industrial, proprietary, or other home care programs.

TYPES OF REIMBURSABLE SERVICES

The types of reimbursable services³ are defined in the following paragraphs.

Skilled nursing service: Professional nursing service provided by or under the supervision of a registered professional nurse, currently licensed by the State, in accordance with the orders of a physician.

Physical therapy: Service provided by or under the supervision of a qualified physical therapist in accordance with a physician's orders. A qualified physical therapist is a graduate of a program in physical therapy approved by the Council on Medical Education of the American Medical Association in collaboration with the American Physical Therapy Association, or one who has had equivalent training. When applicable, the therapist is licensed or registered by the State.

Speech therapy: Speech pathology or audiology provided by or under the supervision of a qualified speech therapist in accordance with a physician's orders. A qualified speech therapist is a person who has been certified by the American Speech and Hearing Association, or one who has completed the academic requirements and is in the process of accumulating the necessary supervised work experience needed for such certification.

Occupational therapy: Service provided by or under the supervision of a qualified occupational therapist in accordance with a physician's orders. A qualified occupational therapist is one who is registered by the

American Occupational Therapy Association or who has been graduated from a program in such therapy approved by the Council on Medical Education of the American Medical Association in collaboration with the American Occupational Therapy Association.

Medical social services: Services provided by or under the supervision of a qualified medical social worker in accordance with a physician's orders. Qualified medical social workers are graduates of a school of social work accredited by the Council of Social Work Education and have had social work experience in a hospital, outpatient clinic, medical rehabilitation, or medical care program.

Home health aide services: Services directed toward the personal care of the patient provided under the supervision of a registered professional nurse or, if appropriate, a physical, speech, or occupational therapist in accordance with the orders of a physician.

Services of interns and residents: Medical services provided by interns and residents in training, which under an approved hospital teaching program may be reimbursed, provided the home health agency is affiliated or under common control of a hospital with an approved teaching program.

Appliances and equipment: Medical appliances and items of equipment (except drugs and biologicals) owned or rented by the home health agency and required by the patient to facilitate his treatment and rehabilitation.

PERSONNEL

The number of personnel employed by home health agencies is obtained from item VI of the application form (figure 1). The number shown is in full-time equivalents. To arrive at full-time equivalents, the total number of hours worked by all employees in each classification in the week ending prior to the week of filing the application form is divided by the number of hours in the standard work week. If the result for each classification is not a whole number, it is expressed as a fraction.

³ For a complete description of the standards of qualification for the various service disciplines, see sections 405.1228-405.1234 of the Code of Federal Regulations, Title 20, Chapter III, Part 405, "Conditions of Participation: Home Health Agencies" (HIR-12), Social Security Administration.

Provisions of the Law

THE HEALTH insurance program for the aged, commonly called Medicare, was enacted on July 30, 1965, as Title XVIII of the Social Security Act, and became effective on July 1, 1966. The program, a part of the 1965 amendments (Public Law 89-97), makes available two separate but coordinated insurance coverages—hospital insurance, covering nearly all persons aged 65 and over, and supplementary medical insurance, covering those persons in this age group who enroll voluntarily and pay the premium. Changes in the program, effective in 1968, were incorporated in the 1967 amendments to the Social Security Act (Public Law 90-248) enacted on January 2, 1968.

Hospital Insurance Program

The hospital insurance program (Part A of Medicare) pays for a large portion of the costs of hospital and related post-hospital services. It is financed on a self-supporting basis through a tax on a portion of current earnings, paid by employees, employers, and self-employed persons. The proceeds of this tax are placed in the Hospital Insurance Trust Fund, from which reimbursements for benefits and administrative expenses incurred under the program are paid. The trust fund is reimbursed from general tax revenues for the costs of providing coverages for persons who qualify for hospital insurance but who are not eligible for monthly social security or railroad retirement benefits.

BENEFITS

Inpatient hospital benefits.—The program covers the cost of covered services in a participating hospital for up to 90 days in a “benefit period” (a period beginning with the first day of hospitalization and ending 60 days after discharge from a hospital or a skilled nursing home). Full payment is made for the first 60 days of hospitalization after a deductible of \$40 has been paid. For each of the remaining 30 days in the benefit period, the patient pays a coinsurance amount of \$10 a day. Each hospital insurance beneficiary also has a “lifetime reserve” of 60 additional days, subject to a copayment of \$20 a day. These additional days can be used at the patient’s option

whenever the 90 days covered in a benefit period are exhausted. The program also provides benefits for emergency services rendered in a nonparticipating hospital. Each nonparticipating hospital providing emergency services elects whether to bill the program or to charge its patients directly. If they bill the program, they are reimbursed on the basis of reasonable costs of covered services rendered. If they bill the patient, he pays the bill and submits the itemized bill to SSA for reimbursement. The reimbursement paid is 60 percent of reasonable charges for room and board and 80 percent of the charges for ancillary services.

Inpatient tuberculosis and psychiatric hospital services are also covered. However, there is a lifetime limit of 190 days of care in a psychiatric hospital. Where an individual is a patient in a participating psychiatric hospital at the time he becomes entitled to hospital insurance, the number of days he was such an inpatient in the 150-day period immediately prior to his eligibility are deducted from his days of entitlement in that benefit period, but not from the lifetime limitation.

Covered hospital services include hospital room and board in accommodations containing from two to four beds, nursing services except for private-duty nursing, drugs and biologicals, and all those services ordinarily furnished by a hospital to its inpatients. Coverage under the hospital insurance program does not include the services of physicians (including radiologists, anesthesiologists, pathologists, and psychiatrists) except for those services provided by interns or residents in training under approved teaching programs in a hospital.

The cost of the first three pints of blood (or equivalent amounts of packed red blood cells) furnished a patient during a benefit period is a deductible amount unless the patient arranges for replacement. Charges for any additional blood are covered under the program.

Outpatient hospital diagnostic benefits.—These benefits cover the costs of tests and related services that are ordinarily furnished by a participating hospital to its outpatients for the purpose of diagnostic study. Such services are covered subject to a \$20 deductible and 20-percent coinsurance for services furnished the beneficiary by the same hospital during a

20-day period. Beginning April 1, 1968, all outpatient hospital benefits are covered by the Supplementary Medical Insurance program and are no longer subject to these limitations.

Post-hospital home health care benefits.—These benefits cover the cost of visiting nurse services and related home health services for as many as 100 visits for up to a year following the patient's most recent discharge from a hospital or participating extended care facility, provided he has been confined for at least 3 consecutive days in a hospital. A home health plan must be developed by a physician and implemented within 14 days after the patient's discharge from the hospital or extended care facility. The home health care must be for further treatment of a condition for which he received services as an inpatient in the hospital or extended care facility.

Post-hospital extended care facility benefits.—The program pays for the reasonable cost of all covered inpatient services in participating extended care facilities for up to 100 days of such care in any benefit period, following discharge from a hospital after a stay of 3 consecutive days or more, and admission to an extended care facility within 14 days of discharge. Full payment is made for the first 20 days. For each of the remaining 80 days, the patient pays a coinsurance amount of \$5 a day.

Supplementary Medical Insurance Program

The supplementary medical insurance program (Part B of Medicare) provides coverage of physicians' services, outpatient hospital services (beginning April 1, 1968), additional home health services, other medical services and supplies, and outpatient physical therapy services furnished by qualified providers (beginning July 1, 1968). Individuals 65 years of age and over may enroll in the program regardless of whether they are eligible for social security retirement benefits. Monthly premiums paid by the individual are matched by the Federal Government and paid into the Supplementary Medical Insurance Trust Fund, which reimburses carriers for benefits and administrative expenses incurred under the program.

BENEFITS

The SMI program pays for 80 percent of the allowed charges for covered physician services and other medical services (or 80 percent of reasonable cost) after the patient has met a deductible of \$50 during a calendar year. However, payment for outpatient psychiatric physician services is limited to the lesser of \$250 or 50 percent of the allowed charges in any year after the \$50 deductible has been met. The sum and percentage are derived from the statutory provision which permits an incurred expense for out-of-hospital treatment of mental illness of only \$312.50 or 62.5 percent of actual expenses in a calendar year. Since only 80 percent of allowed

charges can be reimbursed the effective maximum becomes \$250.

To preclude the possibility of having to meet a deductible twice in a short period of time, a "carry-over" provision is applied. Accordingly, covered expenses that are incurred in the last quarter of the year and counted toward the deductible in that year are also credited toward the deductible for the following year. However, after March 31, 1968, the provisions concerning the deductible and the coinsurance do not apply to the services of radiologists and pathologists furnished to hospital inpatients.

Covered under the program are such benefits as physicians' services, including home, hospital and office visits; services and supplies, including drugs and biologicals that cannot be self-administered, that are furnished as a part of a physician's professional service, most commonly in his office, and either rendered without charge or included in the physician's bills; diagnostic X-ray tests, diagnostic laboratory tests, and other diagnostic tests; X-ray; radium, and radioactive isotope therapy, including materials and the services of technicians; surgical dressings, splints, casts, and other devices used for reduction of fractures and dislocations; purchase or rental of durable medical equipment, including iron lungs, oxygen tents, hospital beds, and wheelchairs used in the patient's home (including an institution used as his home); ambulance service in cases where the use of other methods of transportation is contraindicated by the individual's condition; prosthetic devices (other than dental) that replace all or part of an internal organ, including replacement of such devices; leg, arm, back, and neck braces, and artificial legs, arms, eyes, including replacement if required because of a change in the patient's physical condition; and 100 home health visits during a calendar year—these visits being independent of those provided under the hospital insurance program.

Also covered are hospital services, incident to physicians' services rendered to outpatients, including services beginning April 1, 1968 which were previously covered under the hospital insurance program, and outpatient physical therapy services beginning July 1, 1968.

Eligibility

The hospital insurance program.—Almost all persons aged 65 and over are eligible for benefits under the hospital insurance program. Included are those persons in this age group who are entitled to monthly social security cash benefits or payments from the railroad retirement system, regardless of whether they have applied for these cash benefits. During the period under consideration, a person could apply for hospital insurance protection even though he did not qualify for either social security cash benefits or a railroad retirement annuity if he had attained age 65 before 1968, or after 1967 with not less than 3

quarters of social security coverage, whenever acquired, for each calendar year elapsing after 1966 and before the year in which he had attained age 65. However, hospital insurance could not go into effect until the individual attained age 65. These classes of individuals were "deemed insured" under a special transitional provision.

Federal employees who retired from the Federal service after July 1, 1960, and who had the opportunity to be covered under the Federal Employees Health Benefits act of 1959, are ineligible for hospital insurance benefits under the transitional provisions. Also ineligible are aliens with less than 5 years of continuous residence in the United States, and those convicted of crimes against the security of the United States.

Hospital insurance protection can be retroactive for as many as 12 months before the month an individual files his application for entitlement. For example, an individual may apply 11 months after he attains age 65 and still be entitled to benefits from the month he attained age 65.

Supplementary medical insurance.—Persons entitled to benefits under the hospital insurance program (Part A), retired Federal employees, and persons not eligible for hospital insurance under the transitional provisions may voluntarily participate in the SMI program.

Enrollment.—Individuals may enroll in the SMI program only during specified periods—the initial and the general enrollment periods. The initial enrollment period begins with the third month preceding the one in which an individual attains age 65 and ends 3 months after the month of attainment, a total period of 7 months. If he enrolls during the 3 months prior to the month in which he attains age 65, his coverage is effective with the month in which he attains age 65; if he enrolls during the month he attains age 65, his coverage begins the following month; if he enrolls in any of the 3 months after he attains age 65, his coverage begins from 2 to 3 months after enrollment, depending on how long he waited before enrolling.

A general enrollment period was set between October 1, 1967 and March 31, 1968 for those who did not enroll in the initial enrollment period. A person who enrolls during a general enrollment period may receive benefits starting on the first of July following the general enrollment period. An eligible individual must enroll within 3 years after the close of his initial enrollment period or within 3 years after termination of prior enrollment.

An initial general enrollment period was set up at the beginning of the program for people who had attained age 65 before March 1, 1966. This enrollment period began September 1, 1965, and ended on May 31, 1966, for coverage to begin on July 1, 1966.

A State may enroll otherwise eligible individuals who receive cash payments under public assistance programs if the State requests such a State-Federal

enrollment agreement to be established and pays the necessary premiums.

Enrollment terminates with the beginning of the month following the month of death. Up to April 1, 1968, railroad retirement beneficiaries and individuals entitled to monthly cash social security benefits could terminate their enrollment voluntarily by notifying the Social Security Administration in writing during a general enrollment period of the desire to withdraw from the program. Under the 1967 amendments effective April 1, 1968, beneficiaries may give notice of withdrawal at any time and their coverage will be terminated at the close of the following calendar quarter. Other enrolled persons may terminate their coverage by withholding payment of premiums or by notifying the Social Security Administration in writing of the desire to withdraw from the program. The enrollee is provided a 90-day grace period for the payment of overdue premiums after which coverage is automatically terminated. An individual who previously has terminated his enrollment may re-enroll only in a general enrollment period beginning within 3 years of the date his previous enrollment had terminated. Re-enrollment, however, is allowed only once.

Financing the Program

Hospital Insurance.—The hospital insurance program is financed on a long-range, self-supporting basis through a separate schedule of increasing tax rates on the first \$7,800 of earnings in employment covered under the Social Security Act. The same tax rate applies to employees, employers, and self-employed persons. This rate was 0.35 percent in 1966, 0.50 percent for 1967, 0.60 for 1968-1972, and is scheduled to increase until it is 0.90 percent in 1987 and thereafter. The proceeds of this tax and that collected from the railroad retirement system are placed in a Hospital Insurance Trust Fund from which reimbursements for all benefits and administrative expenses incurred under the hospital insurance program are paid. The Hospital Insurance Trust Fund is reimbursed from general tax revenues for the cost of providing coverage for the almost 21½ million persons who qualify for hospital insurance but who are not entitled to monthly social security or railroad retirement benefits, that is, those "deemed insured."

Supplementary Medical Insurance.—Premiums are paid into the Federal Supplementary Medical Insurance Trust Fund by those persons enrolled for supplementary medical insurance, (or on their behalf) and a matching amount is paid from general revenues by the Federal government.

The premiums of persons receiving social security cash benefits, railroad retirement, or Federal civil service annuities are deducted from their monthly benefit checks. Persons not receiving monthly benefits are billed quarterly for premiums by the Social

Security Administration or Railroad Retirement Board and have a 90-day grace period in which to make payment. Premiums may be paid for as long as a year in advance, and for individuals financially unable to make quarterly payments, arrangements can be made for monthly payments.

The premium rate of the supplementary medical insurance program may be adjusted annually if medical costs rise. The law requires that the rate be set at an amount that will generate income to the fund sufficient to cover benefit payments and administrative costs incurred during the year. The monthly premium was \$3 for each month beginning with July 1966 and ending with March 1968; and \$4 a month beginning April 1968.

Under the 1967 amendments, States are permitted to enter into agreements with the Secretary, based on a request made before January 1, 1970, to buy in—that is, to pay the medical insurance premiums—for public assistance recipients aged 65 or over who were receiving money payments under an approved public assistance plan and for all aged persons eligible to receive medical assistance under an approved Title XIX plan.

Administration of the Program

Hospital Insurance.—Under the hospital insurance plan, groups or associations of providers, on behalf of their members, may nominate a national, State, or other public or private agency or organization to serve as intermediary in the claims process. A member of an association is free, however to receive payment from an approved intermediary other than its association's nominee, if approved by the Secretary and agreeable to the intermediary selected. In addition, a provider may deal directly with the Social Security Administration.

The Secretary may enter into an agreement with a nominated organization if he finds this to be consistent with effective and efficient administration of the hospital insurance program. The intermediary makes payments to providers for covered items and services on the basis of reasonable cost determinations and assists in the application of safeguards against unnecessary utilization of covered services. The agreement may also call for (1) furnishing consultative services to assist providers to establish and maintain necessary fiscal records and otherwise qualify as providers of services, (2) serving as a center for communicating with providers, and (3) making audits of provider records. Generally speaking, the Social Security Administration utilizes the services of the hospital insurance intermediary in making payments for home health and outpatient hospital services covered under medical insurance.

Payment may be made for a beneficiary for covered emergency inpatient hospital services or covered emergency outpatient hospital services where the hospital is not a participating facility and agrees not

to charge the beneficiary for covered services. Such a hospital may be outside the United States if it is more accessible than the nearest hospital in the United States adequately equipped to treat the patient.

Requests for payment for covered services must be signed by the beneficiary (or someone for him, if he is unable to do so). Payments are made on the basis of reasonable costs for these services to participating providers of services, that is, hospitals, extended-care facilities, and home health agencies, who have been certified for participation.

In some instances, hospitals may bill for physician services rendered to inpatients. In these cases, interim payment is made by the Part A intermediary. Depending on the nature of the billing, funds are transferred from the SMI trust fund to the HI trust fund to cover the cost of these services, or funds are paid directly from the SMI trust fund.

The intermediary selected by the provider reviews the claims for payment and pays the provider. Actual payment is made on the basis of an interim rate established between the provider and the intermediary. Final settlement based on each provider's operating year is made on the basis of a cost report submitted by the provider, and subject to an independent audit.

No payments can be made to Federal providers of services except for emergency services, unless this provider serves as a community institution. In addition, payment cannot be made to a provider for those services it is obligated to render at public expense under Federal law or contract.

Supplementary Medical Insurance.—Under the medical insurance program, the Secretary of Health, Education, and Welfare may enter into contracts with carriers for the performance of specified administrative functions. The carriers' principal function is to determine whether charges are allowable (reasonable) and to make payment.

The carrier selected by the Secretary of Health, Education, and Welfare to serve as an intermediary determines the allowed charges for bills submitted for each medical care service covered by the program and pays 80 percent of this amount after the \$50 deductible has been met.

The allowed charge for the service may be paid to the patient, or the patient may assign the bill for collection to the physician or other supplier of the service, if he is willing to accept assignment. In the former situation, the patient submits an itemized bill to the carrier and is reimbursed; in the latter, the physician or other supplier submits the bill and is reimbursed. When the payment is made directly to the physician (or supplier) on assignment, the allowed or reasonable charge determined by the carrier is the total charge. In both situations, the patient is responsible for the first \$50 of the charges for covered services he receives during the year and the amount of the bill over 80 percent of the allowed charges.

The law instructs the carrier to consider the following criteria in determining the "allowed" charge:

- (1) the customary charge for the service generally made by the physician or other person furnishing such services; and
- (2) the prevailing charge in the locality by other physicians and suppliers for similar services.

The law also specifies that the "allowed" charge cannot be higher than the charge applicable for the similar service rendered under comparable circumstances to the carriers' own policy holders or subscribers.

Carriers also have the authority and responsibility to determine, in a given case, whether a claim is for a covered service and to deny claims for noncovered or excluded items or services. In addition, carriers are to assist in the application of safeguards against unnecessary utilization of services furnished eligible individuals.

Most services covered by the medical insurance program are rendered on a fee-for-service basis.

However, services furnished under group practice prepayment plans are normally rendered in return for predetermined premium payments. In recognition of the need for special adaptation of the Medicare payment procedure for services rendered by group practice prepayment plans, the law provides that an organization which furnishes medical and other health services (or arranges for their availability) on a prepayment basis, may elect to be paid 80 percent of the reasonable cost of services in lieu of 80 percent of the allowed charge for such services.

The 1967 amendments to the Social Security Act introduced a time limit on filing of claims. For bills incurred in the supplementary medical insurance portion of the program after March 1968, claims must be filed no later than the close of the calendar year following the year in which the services are furnished. For services provided during the last 3 months of the calendar year, bills may be submitted through the end of the second year following.

General Tables

Notes

Type of agency.—See page .

Services provided.—See page .

Geographical classifications.—Based on the address of the agency.

All areas: Consists of the United States, Guam, Puerto Rico, Virgin Islands, and other outlying areas.

United States: Consists of the 50 States, and the District of Columbia.

Other outlying areas: Consists of American Samoa, the Canal Zone, Canton Island, Caroline Islands, Mariana Islands, Marshall Islands, Midway Islands, and Wake Island.

The regions and divisions of the United States follow the definitions of the Bureau of the Census.

Symbols

Quantity zero	-----	—
Quantity more than 0 but less than 0.05	-----	0.0

Table 3.2.1 NUMBER OF HOME HEALTH AGENCIES BY TYPE OF AGENCY, REGION, DIVISION, AND STATE

[See NOTES preceding General Tables]

Region, division, and State	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other	Region, division, and State	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
Total	2 164	563	104	1 289	162	46	South Atlantic:						
United States	2 160	562	104	1 287	161	46	Delaware	8	1	1	4	1	1
Northeastern States	698	371	19	223	82	3	Maryland	28	3	-	24	1	-
North Central States	486	104	29	300	40	13	District of Columbia	2	1	-	1	-	-
South	743	42	36	640	14	11	Virginia	131	4	-	127	-	-
West	233	45	20	124	25	19	West Virginia	23	2	2	16	1	2
The Northeastern States:							North Carolina	17	2	2	12	-	1
New England	369	258	6	85	19	1	South Carolina	39	1	1	37	-	1
Middle Atlantic	329	113	13	138	63	2	Georgia	15	1	1	11	1	1
The North Central States:							Florida	62	8	29	23	1	1
East North Central	317	83	15	192	18	9	East South Central:						
West North Central	169	21	14	108	22	4	Kentucky	16	2	-	8	6	-
The South:							Tennessee	79	1	-	78	-	-
South Atlantic	325	23	35	255	5	7	Mississippi	54	2	-	52	-	-
East South Central	208	5	-	195	8	-	West South Central:						
West South Central	210	14	1	190	1	4	Arkansas	69	1	-	68	-	-
The West:							Louisiana	54	4	-	47	-	3
Mountain	78	7	12	47	10	2	Oklahoma	55	-	1	54	-	-
Pacific	155	38	8	77	15	17	Texas	32	9	-	21	1	1
New England:							Mountain:						
Maine	23	14	1	4	4	-	Montana	13	-	-	9	3	1
New Hampshire	33	26	-	5	1	-	Idaho	10	-	2	4	4	-
Vermont	10	8	-	2	-	1	Wyoming	8	-	-	8	-	-
Massachusetts	178	112	4	50	12	-	Colorado	20	2	6	11	-	1
Rhode Island	24	23	-	-	1	-	New Mexico	5	1	1	2	1	-
Connecticut	101	75	1	24	1	-	Arizona	10	2	2	5	1	-
Middle Atlantic:							Utah	9	1	-	7	1	-
New York	132	26	6	60	40	-	Nevada	3	1	1	1	-	-
New Jersey	54	28	3	15	8	-	Pacific:						
Pennsylvania	143	59	4	63	15	2	Washington	25	3	4	16	2	-
East North Central:							Oregon	30	3	-	25	1	1
Ohio	101	24	6	68	2	1	California	97	32	4	34	11	16
Indiana	26	10	2	12	1	1	Alaska	1	-	-	1	-	-
Illinois	82	24	5	42	7	4	Hawaii	2	-	-	1	1	-
Michigan	50	11	2	34	3	-	Outlying areas:						
Wisconsin	58	14	-	36	5	3	Guam	1	-	-	1	-	-
West North Central:							Puerto Rico	2	1	-	-	1	-
Minnesota	48	3	3	37	4	1	Virgin Islands	1	-	-	1	-	-
Iowa	22	13	6	3	-	-	Other outlying areas	-	-	-	-	-	-
Missouri	32	3	1	19	7	2							
North Dakota	7	-	-	6	1	-							
South Dakota	25	1	-	22	2	-							
Nebraska	5	-	1	-	3	1							
Kansas	30	1	3	21	5	-							

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other	Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
ALL AREAS							UNITED STATES						
All agencies	2 164	563	104	1 289	162	46	All agencies	2 160	562	104	1 287	161	46
Number reporting:							Number reporting:						
Nursing care	2 164	563	104	1 289	162	46	Nursing care	2 160	562	104	1 287	161	46
Physical therapy	1 523	466	74	804	140	39	Physical therapy	1 519	465	74	802	139	39
Occupational therapy	334	114	23	116	59	22	Occupational therapy	333	114	23	116	58	22
Speech therapy	464	129	33	209	70	23	Speech therapy	462	129	33	208	69	23
Medical social services	456	85	18	243	87	23	Medical social services	454	85	18	242	86	23
Home health aide services	960	223	51	552	108	26	Home health aide services	957	222	51	551	107	26
Interns and residents	44	-	-	5	35	4	Interns and residents	44	-	-	5	35	4
Nutritional guidance	431	53	24	240	99	15	Nutritional guidance	428	52	24	239	98	15
Pharmaceutical service	186	17	3	63	87	16	Pharmaceutical service	184	17	3	62	86	16
Appliances and equipment	405	104	26	149	99	27	Appliances and equipment	403	104	26	148	98	27
Vocational guidance	43	4	1	9	17	12	Vocational guidance	42	4	1	9	16	12
Other services	134	32	10	31	44	17	Other services	133	32	10	30	44	17

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE
—Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other	Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
NORTHEASTERN STATES							MIDDLE ATLANTIC						
All agencies-----	698	371	19	223	82	3	All agencies-----	329	113	13	138	63	2
Number reporting:							Number reporting:						
Nursing care-----	698	371	19	223	82	3	Nursing care-----	329	113	13	138	63	2
Physical therapy-----	593	309	16	194	71	3	Physical therapy-----	300	97	12	135	54	2
Occupational therapy-----	125	60	4	29	31	1	Occupational therapy-----	42	12	1	5	24	-
Speech therapy-----	127	59	5	23	38	2	Speech therapy-----	60	17	2	9	31	1
Medical social services-----	188	39	7	86	55	1	Medical social services-----	134	13	3	71	47	-
Home health aide services-----	227	117	9	48	52	1	Home health aide services-----	134	49	8	29	47	1
Interns and residents-----	20	-	-	-	20	-	Interns and residents-----	19	-	-	-	19	-
Nutritional guidance-----	120	23	8	40	49	-	Nutritional guidance-----	100	16	8	34	42	-
Pharmaceutical service-----	53	2	1	-	50	-	Pharmaceutical service-----	45	2	1	-	42	-
Appliances and equipment-----	131	48	10	16	54	3	Appliances and equipment-----	90	22	9	11	46	2
Vocational guidance-----	17	1	-	4	11	1	Vocational guidance-----	16	1	-	4	11	-
Other services-----	58	20	1	5	30	2	Other services-----	46	12	1	4	28	1
NORTH CENTRAL STATES							EAST NORTH CENTRAL						
All agencies-----	486	104	29	300	40	13	All agencies-----	317	83	15	192	18	9
Number reporting:							Number reporting:						
Nursing care-----	486	104	29	300	40	13	Nursing care-----	317	83	15	192	18	9
Physical therapy-----	299	81	18	156	34	10	Physical therapy-----	212	66	12	110	16	8
Occupational therapy-----	90	31	7	31	11	10	Occupational therapy-----	66	28	5	20	5	8
Speech therapy-----	137	35	10	67	17	8	Speech therapy-----	98	32	5	49	6	6
Medical social services-----	50	16	3	13	11	7	Medical social services-----	37	15	2	10	5	5
Home health aide services-----	250	48	18	147	29	8	Home health aide services-----	132	35	8	71	14	4
Interns and residents-----	12	-	-	-	8	4	Interns and residents-----	7	-	-	-	3	4
Nutritional guidance-----	67	16	5	16	24	6	Nutritional guidance-----	44	13	5	10	12	4
Pharmaceutical service-----	33	6	-	4	17	6	Pharmaceutical service-----	21	6	-	2	9	4
Appliances and equipment-----	78	30	8	14	19	7	Appliances and equipment-----	51	26	5	7	8	5
Vocational guidance-----	9	-	-	-	2	7	Vocational guidance-----	6	-	-	-	-	6
Other services-----	28	4	5	4	7	8	Other services-----	19	3	4	2	4	6
SOUTH							WEST NORTH CENTRAL						
All agencies-----	743	42	36	640	14	11	All agencies-----	169	21	14	108	22	4
Number reporting:							Number reporting:						
Nursing care-----	743	42	36	640	14	11	Nursing care-----	169	21	14	108	22	4
Physical therapy-----	459	36	26	377	11	9	Physical therapy-----	87	15	6	46	18	2
Occupational therapy-----	56	7	7	34	4	4	Occupational therapy-----	24	3	2	11	6	2
Speech therapy-----	138	15	12	102	5	4	Speech therapy-----	39	3	5	18	11	2
Medical social services-----	140	11	1	118	8	2	Medical social services-----	13	1	1	3	6	2
Home health aide services-----	345	21	12	292	13	7	Home health aide services-----	118	13	10	76	15	4
Interns and residents-----	9	-	-	5	4	-	Interns and residents-----	5	-	-	-	5	-
Nutritional guidance-----	195	7	7	168	10	3	Nutritional guidance-----	23	3	-	6	12	2
Pharmaceutical service-----	73	4	1	58	6	4	Pharmaceutical service-----	12	-	-	2	8	2
Appliances and equipment-----	139	13	5	103	10	8	Appliances and equipment-----	27	4	3	7	11	2
Vocational guidance-----	10	1	1	5	1	2	Vocational guidance-----	3	-	-	-	2	1
Other services-----	31	5	2	17	2	5	Other services-----	9	1	1	2	3	2
WEST							SOUTH ATLANTIC						
All agencies-----	233	45	20	124	25	19	All agencies-----	325	23	35	255	5	7
Number reporting:							Number reporting:						
Nursing care-----	233	45	20	124	25	19	Nursing care-----	325	23	35	255	5	7
Physical therapy-----	168	39	14	75	23	17	Physical therapy-----	156	20	25	100	5	6
Occupational therapy-----	62	16	5	22	12	7	Occupational therapy-----	44	7	7	24	3	3
Speech therapy-----	60	20	6	16	9	9	Speech therapy-----	69	9	12	41	4	3
Medical social services-----	76	19	7	25	12	13	Medical social services-----	42	8	1	28	4	1
Home health aide services-----	135	36	12	64	13	10	Home health aide services-----	210	13	11	177	4	5
Interns and residents-----	3	-	-	-	3	-	Interns and residents-----	7	-	-	5	2	-
Nutritional guidance-----	46	6	4	15	15	6	Nutritional guidance-----	42	3	6	29	3	1
Pharmaceutical service-----	25	5	1	-	13	6	Pharmaceutical service-----	11	2	1	3	3	2
Appliances and equipment-----	55	13	3	15	15	9	Appliances and equipment-----	35	6	5	16	3	5
Vocational guidance-----	6	2	-	-	2	2	Vocational guidance-----	5	-	1	2	1	1
Other services-----	16	3	2	4	5	2	Other services-----	19	4	2	7	1	5
NEW ENGLAND							EAST SOUTH CENTRAL						
All agencies-----	369	258	6	85	19	1	All agencies-----	208	5	-	195	8	-
Number reporting:							Number reporting:						
Nursing care-----	369	258	6	85	19	1	Nursing care-----	208	5	-	195	8	-
Physical therapy-----	293	212	4	59	17	1	Physical therapy-----	199	4	-	190	5	-
Occupational therapy-----	83	48	3	24	7	1	Occupational therapy-----	4	-	-	4	-	-
Speech therapy-----	67	42	3	14	7	1	Speech therapy-----	51	2	-	49	-	-
Medical social services-----	54	26	4	15	8	1	Medical social services-----	45	-	-	41	4	-
Home health aide services-----	93	68	1	19	5	-	Home health aide services-----	63	3	-	52	8	-
Interns and residents-----	1	-	-	-	1	-	Interns and residents-----	1	-	-	-	1	-
Nutritional guidance-----	20	7	-	6	7	-	Nutritional guidance-----	89	-	-	83	6	-
Pharmaceutical service-----	8	-	-	-	8	-	Pharmaceutical service-----	58	1	-	54	3	-
Appliances and equipment-----	41	26	1	5	8	1	Appliances and equipment-----	65	-	-	59	6	-
Vocational guidance-----	1	-	-	-	-	1	Vocational guidance-----	2	-	-	2	-	-
Other services-----	12	8	-	1	2	1	Other services-----	6	1	-	5	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other	Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
WEST SOUTH CENTRAL							ARIZONA						
All agencies.....	210	14	1	190	1	4	All agencies.....	10	2	2	5	1	-
Number reporting:							Number reporting:						
Nursing care.....	210	14	1	190	1	4	Nursing care.....	10	2	2	5	1	-
Physical therapy.....	104	12	1	87	1	3	Physical therapy.....	6	2	-	3	1	-
Occupational therapy.....	8	-	-	6	1	1	Occupational therapy.....	4	2	-	1	1	-
Speech therapy.....	18	4	-	12	1	1	Speech therapy.....	4	2	-	1	1	-
Medical social services.....	53	3	-	49	-	1	Medical social services.....	3	2	-	-	1	-
Home health aide services.....	72	5	1	63	1	2	Home health aide services.....	10	2	2	5	1	-
Interns and residents.....	1	-	-	-	1	-	Interns and residents.....	1	-	-	-	1	-
Nutritional guidance.....	64	4	1	56	1	2	Nutritional guidance.....	1	-	-	-	1	-
Pharmaceutical service.....	4	1	-	1	-	2	Pharmaceutical service.....	1	-	-	-	1	-
Appliances and equipment.....	39	7	-	28	1	3	Appliances and equipment.....	1	-	-	-	1	-
Vocational guidance.....	3	1	-	1	-	1	Vocational guidance.....	1	-	-	-	1	-
Other services.....	6	-	-	5	1	-	Other services.....	1	-	-	-	1	-
MOUNTAIN							ARKANSAS						
All agencies.....	78	7	12	47	10	2	All agencies.....	69	1	-	68	-	-
Number reporting:							Number reporting:						
Nursing care.....	78	7	12	47	10	2	Nursing care.....	69	1	-	68	-	-
Physical therapy.....	52	6	8	28	9	1	Physical therapy.....	69	1	-	68	-	-
Occupational therapy.....	18	4	3	8	3	-	Occupational therapy.....	-	-	-	-	-	-
Speech therapy.....	17	4	4	7	1	1	Speech therapy.....	-	-	-	-	-	-
Medical social services.....	17	5	5	5	2	-	Medical social services.....	-	-	-	-	-	-
Home health aide services.....	42	6	7	22	6	1	Home health aide services.....	-	-	-	-	-	-
Interns and residents.....	2	-	-	-	2	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	13	-	2	4	6	1	Nutritional guidance.....	36	-	-	36	-	-
Pharmaceutical service.....	4	-	-	-	4	-	Pharmaceutical service.....	-	-	-	-	-	-
Appliances and equipment.....	11	1	1	3	6	-	Appliances and equipment.....	-	-	-	-	-	-
Vocational guidance.....	1	-	-	-	1	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	4	-	-	2	2	-	Other services.....	-	-	-	-	-	-
PACIFIC							CALIFORNIA						
All agencies.....	155	38	8	77	15	17	All agencies.....	97	32	4	34	11	16
Number reporting:							Number reporting:						
Nursing care.....	155	38	8	77	15	17	Nursing care.....	97	32	4	34	11	16
Physical therapy.....	116	33	6	47	14	16	Physical therapy.....	75	27	4	19	10	15
Occupational therapy.....	44	12	2	14	9	7	Occupational therapy.....	31	9	2	7	6	7
Speech therapy.....	43	16	2	9	8	8	Speech therapy.....	28	12	1	2	5	8
Medical social services.....	59	14	2	20	10	13	Medical social services.....	40	11	2	6	8	13
Home health aide services.....	93	30	5	42	7	9	Home health aide services.....	74	27	3	29	6	9
Interns and residents.....	1	-	-	-	1	-	Interns and residents.....	1	-	-	-	1	-
Nutritional guidance.....	33	6	2	11	9	5	Nutritional guidance.....	22	4	2	6	5	5
Pharmaceutical service.....	21	5	1	-	9	6	Pharmaceutical service.....	16	4	1	-	5	6
Appliances and equipment.....	44	12	2	12	9	9	Appliances and equipment.....	26	9	2	1	5	9
Vocational guidance.....	5	2	-	-	1	2	Vocational guidance.....	4	1	-	-	1	2
Other services.....	12	3	2	2	3	2	Other services.....	7	1	2	1	1	2
ALABAMA							COLORADO						
All agencies.....	54	2	-	52	-	-	All agencies.....	20	2	6	11	-	1
Number reporting:							Number reporting:						
Nursing care.....	54	2	-	52	-	-	Nursing care.....	20	2	6	11	-	1
Physical therapy.....	54	2	-	52	-	-	Physical therapy.....	14	2	4	8	-	-
Occupational therapy.....	1	-	-	1	-	-	Occupational therapy.....	8	1	2	5	-	-
Speech therapy.....	9	-	-	9	-	-	Speech therapy.....	8	1	3	3	-	1
Medical social services.....	-	-	-	-	-	-	Medical social services.....	5	1	3	1	-	-
Home health aide services.....	6	1	-	5	-	-	Home health aide services.....	5	1	3	1	-	-
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	51	-	-	51	-	-	Nutritional guidance.....	1	-	1	-	-	-
Pharmaceutical service.....	51	-	-	51	-	-	Pharmaceutical service.....	-	-	-	-	-	-
Appliances and equipment.....	51	-	-	51	-	-	Appliances and equipment.....	-	-	-	-	-	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	-	-	-	-	-	-	Other services.....	-	-	-	-	-	-
ALASKA							CONNECTICUT						
All agencies.....	1	-	-	1	-	-	All agencies.....	101	75	1	24	1	-
Number reporting:							Number reporting:						
Nursing care.....	1	-	-	1	-	-	Nursing care.....	101	75	1	24	1	-
Physical therapy.....	1	-	-	1	-	-	Physical therapy.....	93	69	1	22	1	-
Occupational therapy.....	-	-	-	-	-	-	Occupational therapy.....	40	27	1	11	1	-
Speech therapy.....	-	-	-	-	-	-	Speech therapy.....	31	22	1	7	1	-
Medical social services.....	1	-	-	1	-	-	Medical social services.....	6	3	1	1	1	-
Home health aide services.....	-	-	-	-	-	-	Home health aide services.....	50	39	1	9	1	-
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	-	-	-	-	-	-	Nutritional guidance.....	4	1	-	2	1	-
Pharmaceutical service.....	-	-	-	-	-	-	Pharmaceutical service.....	1	-	-	-	1	-
Appliances and equipment.....	-	-	-	-	-	-	Appliances and equipment.....	3	1	-	1	1	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	-	-	-	-	-	-	Other services.....	-	-	-	-	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE—Con.

(See NOTES preceding General Tables)

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other	Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
DELAWARE							IDAHO						
All agencies.....	8	1	1	4	1	1	All agencies.....	10	-	2	4	4	-
Number reporting:							Number reporting:						
Nursing care.....	8	1	1	4	1	1	Nursing care.....	10	-	2	4	4	-
Physical therapy.....	8	1	1	4	1	1	Physical therapy.....	9	-	2	4	3	-
Occupational therapy.....	3	-	1	-	1	1	Occupational therapy.....	1	-	1	-	-	-
Speech therapy.....	5	-	-	4	1	-	Speech therapy.....	1	-	1	-	-	-
Medical social services.....	5	-	-	4	1	-	Medical social services.....	2	-	1	1	-	-
Home health aide services.....	2	-	-	1	1	-	Home health aide services.....	3	-	1	-	2	-
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	5	-	-	4	1	-	Nutritional guidance.....	2	-	-	-	2	-
Pharmaceutical service.....	1	-	-	-	1	-	Pharmaceutical service.....	2	-	-	-	2	-
Appliances and equipment.....	2	-	1	-	1	-	Appliances and equipment.....	2	-	-	-	2	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	3	1	-	-	1	1	Other services.....	1	-	-	-	1	-
DISTRICT OF COLUMBIA							ILLINOIS						
All agencies.....	2	1	-	1	-	-	All agencies.....	82	24	5	42	7	4
Number reporting:							Number reporting:						
Nursing care.....	2	1	-	1	-	-	Nursing care.....	82	24	5	42	7	4
Physical therapy.....	2	1	-	1	-	-	Physical therapy.....	67	19	4	33	7	4
Occupational therapy.....	2	1	-	1	-	-	Occupational therapy.....	18	8	1	4	2	3
Speech therapy.....	1	1	-	-	-	-	Speech therapy.....	27	9	2	11	3	2
Medical social services.....	2	1	-	1	-	-	Medical social services.....	12	4	1	2	2	3
Home health aide services.....	2	1	-	1	-	-	Home health aide services.....	15	6	1	3	3	2
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	5	-	-	-	2	3
Nutritional guidance.....	2	1	-	1	-	-	Nutritional guidance.....	14	2	1	4	4	3
Pharmaceutical service.....	1	-	-	1	-	-	Pharmaceutical service.....	7	-	-	1	3	3
Appliances and equipment.....	2	1	-	1	-	-	Appliances and equipment.....	15	10	1	-	2	2
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	2	-	-	-	-	2
Other services.....	2	1	-	1	-	-	Other services.....	6	1	2	1	1	1
FLORIDA							INDIANA						
All agencies.....	62	8	29	23	1	1	All agencies.....	26	10	2	12	1	1
Number reporting:							Number reporting:						
Nursing care.....	62	8	29	23	1	1	Nursing care.....	26	10	2	12	1	1
Physical therapy.....	48	7	23	16	1	1	Physical therapy.....	15	8	1	4	1	1
Occupational therapy.....	23	5	6	11	1	-	Occupational therapy.....	3	1	1	-	-	1
Speech therapy.....	25	4	12	7	1	1	Speech therapy.....	8	3	1	2	1	1
Medical social services.....	7	3	1	2	1	-	Medical social services.....	3	1	1	-	-	1
Home health aide services.....	17	4	7	4	1	1	Home health aide services.....	18	6	2	8	1	1
Interns and residents.....	1	-	-	1	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	9	1	4	3	1	-	Nutritional guidance.....	4	2	1	-	1	-
Pharmaceutical service.....	2	-	-	-	1	1	Pharmaceutical service.....	2	1	-	-	1	-
Appliances and equipment.....	5	1	3	-	-	1	Appliances and equipment.....	4	2	1	-	-	1
Vocational guidance.....	1	-	1	-	-	-	Vocational guidance.....	1	-	-	-	-	1
Other services.....	1	-	1	-	-	-	Other services.....	3	1	-	1	-	1
GEORGIA							IOWA						
All agencies.....	15	1	1	11	1	1	All agencies.....	22	13	6	3	-	-
Number reporting:							Number reporting:						
Nursing care.....	15	1	1	11	1	1	Nursing care.....	22	13	6	3	-	-
Physical therapy.....	8	1	-	5	1	1	Physical therapy.....	12	8	3	1	-	-
Occupational therapy.....	3	1	-	1	-	1	Occupational therapy.....	2	1	-	1	-	-
Speech therapy.....	8	1	-	5	1	1	Speech therapy.....	3	1	1	1	-	-
Medical social services.....	4	-	-	3	-	1	Medical social services.....	1	-	-	1	-	-
Home health aide services.....	10	1	1	7	-	1	Home health aide services.....	14	7	4	3	-	-
Interns and residents.....	2	-	-	1	1	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	3	-	1	2	-	-	Nutritional guidance.....	-	-	-	-	-	-
Pharmaceutical service.....	1	-	-	-	1	-	Pharmaceutical service.....	1	-	-	1	-	-
Appliances and equipment.....	2	-	-	-	1	1	Appliances and equipment.....	3	2	1	-	-	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	2	-	-	1	-	1	Other services.....	2	1	1	-	-	-
HAWAII							KANSAS						
All agencies.....	2	-	-	1	1	-	All agencies.....	30	1	3	21	5	-
Number reporting:							Number reporting:						
Nursing care.....	2	-	-	1	1	-	Nursing care.....	30	1	3	21	5	-
Physical therapy.....	2	-	-	1	1	-	Physical therapy.....	18	1	1	14	2	-
Occupational therapy.....	2	-	-	1	1	-	Occupational therapy.....	3	-	-	2	1	-
Speech therapy.....	1	-	-	-	1	-	Speech therapy.....	13	-	2	7	4	-
Medical social services.....	1	-	-	1	-	-	Medical social services.....	2	-	-	2	-	-
Home health aide services.....	-	-	-	-	-	-	Home health aide services.....	9	1	1	4	3	-
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	1	-	-	-	1	-	Nutritional guidance.....	3	-	-	1	2	-
Pharmaceutical service.....	1	-	-	-	1	-	Pharmaceutical service.....	2	-	-	1	1	-
Appliances and equipment.....	1	-	-	-	1	-	Appliances and equipment.....	2	-	1	-	1	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	1	-	-	-	1	-	Other services.....	1	-	-	1	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other	Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
KENTUCKY							MICHIGAN						
All agencies.....	16	2	-	8	6	-	All agencies.....	50	11	2	34	3	-
Number reporting:							Number reporting:						
Nursing care.....	16	2	-	8	6	-	Nursing care.....	50	11	2	34	3	-
Physical therapy.....	9	1	-	4	4	-	Physical therapy.....	35	10	1	21	3	-
Occupational therapy.....	1	-	-	-	-	-	Occupational therapy.....	10	5	-	3	2	-
Speech therapy.....	1	1	-	-	-	-	Speech therapy.....	19	7	-	11	1	-
Medical social services.....	5	-	-	1	4	-	Medical social services.....	13	7	-	5	1	-
Home health aide services.....	11	1	-	4	6	-	Home health aide services.....	23	5	1	14	3	-
Interns and residents.....	1	-	-	-	1	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	12	-	-	7	5	-	Nutritional guidance.....	7	3	-	3	1	-
Pharmaceutical service.....	4	1	-	-	3	-	Pharmaceutical service.....	2	1	-	-	1	-
Appliances and equipment.....	10	-	-	5	5	-	Appliances and equipment.....	2	1	-	1	-	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	1	1	-	-	-	-	Other services.....	-	-	-	-	-	-
LOUISIANA							MINNESOTA						
All agencies.....	54	4	-	47	-	3	All agencies.....	48	3	3	37	4	1
Number reporting:							Number reporting:						
Nursing care.....	54	4	-	47	-	3	Nursing care.....	48	3	3	37	4	1
Physical therapy.....	8	4	-	2	-	2	Physical therapy.....	23	2	2	15	4	-
Occupational therapy.....	1	-	-	1	-	-	Occupational therapy.....	11	1	2	6	2	-
Speech therapy.....	2	1	-	1	-	-	Speech therapy.....	9	1	2	4	2	-
Medical social services.....	38	-	-	38	-	-	Medical social services.....	2	-	1	-	1	-
Home health aide services.....	6	2	-	2	-	2	Home health aide services.....	38	2	3	28	4	1
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	16	1	-	13	-	2	Nutritional guidance.....	8	-	-	5	3	-
Pharmaceutical service.....	2	-	-	-	-	2	Pharmaceutical service.....	2	-	-	-	2	-
Appliances and equipment.....	3	1	-	-	-	2	Appliances and equipment.....	10	1	1	5	3	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	1	-	-	1	-	-	Other services.....	1	-	-	1	-	-
MAINE							MISSISSIPPI						
All agencies.....	23	14	1	4	4	-	All agencies.....	59	-	-	57	2	-
Number reporting:							Number reporting:						
Nursing care.....	23	14	1	4	4	-	Nursing care.....	59	-	-	57	2	-
Physical therapy.....	14	9	1	1	3	-	Physical therapy.....	57	-	-	56	1	-
Occupational therapy.....	7	3	-	3	1	-	Occupational therapy.....	1	-	-	1	-	-
Speech therapy.....	4	3	-	-	1	-	Speech therapy.....	3	-	-	3	-	-
Medical social services.....	3	1	1	1	-	-	Medical social services.....	4	-	-	4	-	-
Home health aide services.....	-	2	-	-	-	-	Home health aide services.....	20	-	-	18	2	-
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	-	-	-	-	-	-	Nutritional guidance.....	9	-	-	8	1	-
Pharmaceutical service.....	-	-	-	-	-	-	Pharmaceutical service.....	1	-	-	1	-	-
Appliances and equipment.....	3	-	1	1	1	-	Appliances and equipment.....	2	-	-	1	1	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	-	-	-	-	-	-	Other services.....	3	-	-	3	-	-
MARYLAND							MISSOURI						
All agencies.....	28	3	-	24	1	-	All agencies.....	32	3	1	19	7	2
Number reporting:							Number reporting:						
Nursing care.....	28	3	-	24	1	-	Nursing care.....	32	3	1	19	7	2
Physical therapy.....	24	3	-	20	1	-	Physical therapy.....	16	3	-	4	7	2
Occupational therapy.....	6	-	-	5	1	-	Occupational therapy.....	6	1	-	-	3	2
Speech therapy.....	6	1	-	4	1	-	Speech therapy.....	9	1	-	2	4	2
Medical social services.....	10	1	-	8	1	-	Medical social services.....	8	1	-	-	5	2
Home health aide services.....	10	2	-	7	1	-	Home health aide services.....	29	3	1	17	6	2
Interns and residents.....	3	-	-	2	1	-	Interns and residents.....	4	-	-	-	4	-
Nutritional guidance.....	11	-	-	10	1	-	Nutritional guidance.....	10	3	-	-	5	2
Pharmaceutical service.....	1	1	-	-	-	-	Pharmaceutical service.....	7	-	-	-	5	2
Appliances and equipment.....	7	1	-	5	1	-	Appliances and equipment.....	11	1	-	2	6	2
Vocational guidance.....	1	-	-	-	1	-	Vocational guidance.....	3	-	-	-	2	1
Other services.....	2	-	-	2	-	-	Other services.....	5	-	-	-	3	2
MASSACHUSETTS							MONTANA						
All agencies.....	178	112	4	50	12	-	All agencies.....	13	-	-	9	3	1
Number reporting:							Number reporting:						
Nursing care.....	178	112	4	50	12	-	Nursing care.....	13	-	-	9	3	1
Physical therapy.....	134	89	2	31	12	-	Physical therapy.....	10	-	-	6	3	1
Occupational therapy.....	26	10	2	9	5	-	Occupational therapy.....	3	-	-	2	1	-
Speech therapy.....	24	13	2	5	4	-	Speech therapy.....	1	-	-	1	-	-
Medical social services.....	34	13	2	12	7	-	Medical social services.....	-	-	-	-	-	-
Home health aide services.....	30	16	-	10	4	-	Home health aide services.....	5	-	-	3	1	1
Interns and residents.....	1	-	-	-	1	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	11	3	-	3	5	-	Nutritional guidance.....	2	-	-	-	1	1
Pharmaceutical service.....	5	-	-	-	5	-	Pharmaceutical service.....	-	-	-	-	-	-
Appliances and equipment.....	24	17	-	2	5	-	Appliances and equipment.....	3	-	-	1	2	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	10	7	-	1	2	-	Other services.....	1	-	-	1	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE
—Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other	Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
NEBRASKA							NEW YORK						
All agencies.....	5	-	1	-	3	1	All agencies.....	132	26	6	60	40	-
Number reporting:							Number reporting:						
Nursing care.....	5	-	1	-	3	1	Nursing care.....	132	26	6	60	40	-
Physical therapy.....	3	-	-	-	3	-	Physical therapy.....	121	24	5	60	32	-
Occupational therapy.....	-	-	-	-	-	-	Occupational therapy.....	16	1	-	4	11	-
Speech therapy.....	-	-	-	-	-	-	Speech therapy.....	24	3	-	6	15	-
Medical social services.....	-	-	-	-	-	-	Medical social services.....	44	7	1	7	29	-
Home health aide services.....	3	-	1	-	1	1	Home health aide services.....	60	10	2	16	32	-
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	12	-	-	-	12	-
Nutritional guidance.....	-	-	-	-	-	-	Nutritional guidance.....	73	11	5	31	26	-
Pharmaceutical service.....	-	-	-	-	-	-	Pharmaceutical service.....	33	1	1	-	31	-
Appliances and equipment.....	-	-	-	-	-	-	Appliances and equipment.....	53	7	4	9	33	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	13	-	-	4	9	-
Other services.....	-	-	-	-	-	-	Other services.....	32	6	1	4	21	-
NEVADA							NORTH CAROLINA						
All agencies.....	3	1	1	1	-	-	All agencies.....	17	2	2	12	-	1
Number reporting:							Number reporting:						
Nursing care.....	3	1	1	1	-	-	Nursing care.....	17	2	2	12	-	1
Physical therapy.....	2	-	1	1	-	-	Physical therapy.....	15	1	1	12	-	1
Occupational therapy.....	-	-	-	-	-	-	Occupational therapy.....	-	-	-	-	-	-
Speech therapy.....	-	-	-	-	-	-	Speech therapy.....	1	-	-	1	-	-
Medical social services.....	-	-	-	-	-	-	Medical social services.....	1	1	-	-	-	-
Home health aide services.....	1	1	-	-	-	-	Home health aide services.....	8	1	1	5	-	1
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	-	-	-	-	-	-	Nutritional guidance.....	6	-	1	5	-	-
Pharmaceutical service.....	-	-	-	-	-	-	Pharmaceutical service.....	-	-	-	-	-	-
Appliances and equipment.....	-	-	-	-	-	-	Appliances and equipment.....	6	1	-	4	-	1
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	2	-	-	2	-	-
Other services.....	-	-	-	-	-	-	Other services.....	4	-	-	3	-	1
NEW HAMPSHIRE							NORTH DAKOTA						
All agencies.....	33	26	-	5	1	1	All agencies.....	7	-	-	6	1	-
Number reporting:							Number reporting:						
Nursing care.....	33	26	-	5	1	1	Nursing care.....	7	-	-	6	1	-
Physical therapy.....	27	21	-	4	1	1	Physical therapy.....	5	-	-	5	-	-
Occupational therapy.....	6	5	-	-	-	-	Occupational therapy.....	2	-	-	2	-	-
Speech therapy.....	5	2	-	1	1	1	Speech therapy.....	4	-	-	4	-	-
Medical social services.....	6	4	-	1	-	1	Medical social services.....	-	-	-	-	-	-
Home health aide services.....	3	3	-	-	-	-	Home health aide services.....	5	-	-	4	1	-
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	2	1	-	1	-	-	Nutritional guidance.....	-	-	-	-	-	-
Pharmaceutical service.....	1	-	-	-	1	-	Pharmaceutical service.....	-	-	-	-	-	-
Appliances and equipment.....	3	2	-	-	-	1	Appliances and equipment.....	-	-	-	-	-	-
Vocational guidance.....	1	-	-	-	-	1	Vocational guidance.....	-	-	-	-	-	-
Other services.....	1	-	-	-	-	1	Other services.....	-	-	-	-	-	-
NEW JERSEY							OHIO						
All agencies.....	54	28	3	15	8	-	All agencies.....	101	24	6	68	2	1
Number reporting:							Number reporting:						
Nursing care.....	54	28	3	15	8	-	Nursing care.....	101	24	6	68	2	1
Physical therapy.....	49	26	3	12	8	-	Physical therapy.....	65	20	6	38	1	-
Occupational therapy.....	8	4	-	-	4	-	Occupational therapy.....	10	4	3	2	-	1
Speech therapy.....	14	5	1	2	6	-	Speech therapy.....	32	9	2	21	-	-
Medical social services.....	10	2	1	1	6	-	Medical social services.....	2	2	-	-	-	-
Home health aide services.....	43	22	3	13	5	-	Home health aide services.....	49	12	4	31	2	-
Interns and residents.....	4	-	-	-	4	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	13	4	2	2	5	-	Nutritional guidance.....	13	6	3	1	2	1
Pharmaceutical service.....	6	1	-	-	5	-	Pharmaceutical service.....	7	4	-	1	1	1
Appliances and equipment.....	19	9	2	2	6	-	Appliances and equipment.....	13	7	3	2	1	-
Vocational guidance.....	1	1	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	4	3	-	-	1	-	Other services.....	4	-	2	-	1	1
NEW MEXICO							OKLAHOMA						
All agencies.....	5	1	1	2	1	-	All agencies.....	55	-	1	54	-	-
Number reporting:							Number reporting:						
Nursing care.....	5	1	1	2	1	-	Nursing care.....	55	-	1	54	-	-
Physical therapy.....	4	1	1	1	1	-	Physical therapy.....	3	-	1	2	-	-
Occupational therapy.....	1	1	-	-	-	-	Occupational therapy.....	-	-	-	-	-	-
Speech therapy.....	2	1	-	1	-	-	Speech therapy.....	3	-	-	3	-	-
Medical social services.....	3	1	1	1	-	-	Medical social services.....	5	-	-	5	-	-
Home health aide services.....	4	1	1	1	1	-	Home health aide services.....	55	-	1	54	-	-
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	4	-	1	2	1	-	Nutritional guidance.....	1	-	1	-	-	-
Pharmaceutical service.....	-	-	-	-	-	-	Pharmaceutical service.....	-	-	-	-	-	-
Appliances and equipment.....	3	1	1	1	-	-	Appliances and equipment.....	25	-	-	25	-	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	1	-	-	1	-	-	Other services.....	1	-	-	1	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE
—Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other	Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
OREGON							TENNESSEE						
All agencies-----	30	3	-	25	1	1	All agencies-----	79	1	-	78	-	-
Number reporting:							Number reporting:						
Nursing care-----	30	3	-	25	1	1	Nursing care-----	79	1	-	78	-	-
Physical therapy-----	20	3	-	15	1	1	Physical therapy-----	79	1	-	78	-	-
Occupational therapy-----	6	3	-	2	1	-	Occupational therapy-----	2	-	-	2	-	-
Speech therapy-----	8	3	-	4	1	-	Speech therapy-----	38	1	-	37	-	-
Medical social services-----	10	3	-	6	1	-	Medical social services-----	36	-	-	36	-	-
Home health aide services-----	17	3	-	13	1	-	Home health aide services-----	26	1	-	25	-	-
Interns and residents-----	-	-	-	-	-	-	Interns and residents-----	-	-	-	-	-	-
Nutritional guidance-----	7	2	-	4	1	-	Nutritional guidance-----	17	-	-	17	-	-
Pharmaceutical service-----	2	1	-	-	1	-	Pharmaceutical service-----	2	-	-	2	-	-
Appliances and equipment-----	15	3	-	11	1	-	Appliances and equipment-----	2	-	-	2	-	-
Vocational guidance-----	1	1	-	-	-	-	Vocational guidance-----	2	-	-	2	-	-
Other services-----	3	2	-	1	-	-	Other services-----	2	-	-	2	-	-
PENNSYLVANIA							TEXAS						
All agencies-----	143	59	4	63	15	2	All agencies-----	32	9	-	21	1	1
Number reporting:							Number reporting:						
Nursing care-----	143	59	4	63	15	2	Nursing care-----	32	9	-	21	1	1
Physical therapy-----	130	47	4	63	14	2	Physical therapy-----	24	7	-	15	1	1
Occupational therapy-----	18	7	1	1	9	-	Occupational therapy-----	7	-	-	5	1	1
Speech therapy-----	22	9	1	1	10	1	Speech therapy-----	13	3	-	8	1	1
Medical social services-----	80	4	1	63	12	-	Medical social services-----	10	3	-	6	-	1
Home health aide services-----	31	17	3	-	10	1	Home health aide services-----	11	3	-	7	1	-
Interns and residents-----	3	-	-	-	3	-	Interns and residents-----	1	-	-	-	1	-
Nutritional guidance-----	14	1	1	1	11	-	Nutritional guidance-----	11	3	-	7	1	-
Pharmaceutical service-----	6	-	-	-	6	-	Pharmaceutical service-----	2	1	-	1	-	-
Appliances and equipment-----	18	6	3	-	7	2	Appliances and equipment-----	11	6	-	3	1	1
Vocational guidance-----	2	-	-	-	2	-	Vocational guidance-----	3	1	-	1	-	1
Other services-----	10	3	-	-	6	1	Other services-----	4	-	-	3	1	-
RHODE ISLAND							UTAH						
All agencies-----	24	23	-	-	1	-	All agencies-----	9	1	-	7	1	-
Number reporting:							Number reporting:						
Nursing care-----	24	23	-	-	1	-	Nursing care-----	9	1	-	7	1	-
Physical therapy-----	20	20	-	-	-	-	Physical therapy-----	7	1	-	5	1	-
Occupational therapy-----	1	1	-	-	-	-	Occupational therapy-----	1	-	-	-	1	-
Speech therapy-----	1	1	-	-	-	-	Speech therapy-----	1	-	-	1	-	-
Medical social services-----	2	2	-	-	-	-	Medical social services-----	4	1	-	2	1	-
Home health aide services-----	7	7	-	-	-	-	Home health aide services-----	6	1	-	4	1	-
Interns and residents-----	-	-	-	-	-	-	Interns and residents-----	1	-	-	-	1	-
Nutritional guidance-----	3	2	-	-	1	-	Nutritional guidance-----	3	-	-	2	1	-
Pharmaceutical service-----	1	-	-	-	1	-	Pharmaceutical service-----	1	-	-	-	1	-
Appliances and equipment-----	3	2	-	-	1	-	Appliances and equipment-----	2	-	-	1	1	-
Vocational guidance-----	-	-	-	-	-	-	Vocational guidance-----	-	-	-	-	-	-
Other services-----	1	1	-	-	-	-	Other services-----	-	-	-	-	-	-
SOUTH CAROLINA							VERMONT						
All agencies-----	39	1	-	37	-	1	All agencies-----	10	8	-	2	-	-
Number reporting:							Number reporting:						
Nursing care-----	39	1	-	37	-	1	Nursing care-----	10	8	-	2	-	-
Physical therapy-----	17	1	-	15	-	1	Physical therapy-----	5	4	-	1	-	-
Occupational therapy-----	7	-	-	6	-	-	Occupational therapy-----	3	2	-	1	-	-
Speech therapy-----	11	-	-	10	-	1	Speech therapy-----	2	1	-	1	-	-
Medical social services-----	2	-	-	2	-	-	Medical social services-----	3	3	-	-	-	-
Home health aide services-----	19	-	-	19	-	-	Home health aide services-----	1	1	-	-	-	-
Interns and residents-----	1	-	-	1	-	-	Interns and residents-----	-	-	-	-	-	-
Nutritional guidance-----	1	-	-	1	-	-	Nutritional guidance-----	-	-	-	-	-	-
Pharmaceutical service-----	-	-	-	-	-	-	Pharmaceutical service-----	-	-	-	-	-	-
Appliances and equipment-----	3	-	-	2	-	1	Appliances and equipment-----	5	4	-	1	-	-
Vocational guidance-----	1	-	-	-	-	1	Vocational guidance-----	-	-	-	-	-	-
Other services-----	1	-	-	-	-	1	Other services-----	-	-	-	-	-	-
SOUTH DAKOTA							VIRGINIA						
All agencies-----	25	1	-	22	2	-	All agencies-----	131	4	-	127	-	-
Number reporting:							Number reporting:						
Nursing care-----	25	1	-	22	2	-	Nursing care-----	131	4	-	127	-	-
Physical therapy-----	10	1	-	7	2	-	Physical therapy-----	23	4	-	19	-	-
Occupational therapy-----	-	-	-	-	-	-	Occupational therapy-----	-	-	-	-	-	-
Speech therapy-----	1	-	-	-	1	-	Speech therapy-----	6	1	-	5	-	-
Medical social services-----	-	-	-	-	-	-	Medical social services-----	4	-	-	4	-	-
Home health aide services-----	20	-	-	20	-	-	Home health aide services-----	126	2	-	124	-	-
Interns and residents-----	1	-	-	-	1	-	Interns and residents-----	-	-	-	-	-	-
Nutritional guidance-----	2	-	-	-	2	-	Nutritional guidance-----	2	-	-	2	-	-
Pharmaceutical service-----	-	-	-	-	-	-	Pharmaceutical service-----	-	-	-	-	-	-
Appliances and equipment-----	1	-	-	-	1	-	Appliances and equipment-----	2	1	-	1	-	-
Vocational guidance-----	-	-	-	-	-	-	Vocational guidance-----	-	-	-	-	-	-
Other services-----	-	-	-	-	-	-	Other services-----	1	1	-	-	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other	Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
WASHINGTON							OUTLYING AREAS						
Guam							Guam						
All agencies.....	25	3	4	16	2	-	All agencies.....	1	-	-	1	-	-
Number reporting:							Number reporting:						
Nursing care.....	25	3	4	16	2	-	Nursing care.....	1	-	-	1	-	-
Physical therapy.....	18	3	2	11	2	-	Physical therapy.....	1	-	-	1	-	-
Occupational therapy.....	5	-	-	4	1	-	Occupational therapy.....	1	-	-	1	-	-
Speech therapy.....	6	1	1	3	1	-	Speech therapy.....	-	-	-	-	-	-
Medical social services.....	7	-	-	6	1	-	Medical social services.....	-	-	-	-	-	-
Home health aide services.....	2	-	2	-	-	-	Home health aide services.....	-	-	-	-	-	-
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	3	-	-	1	2	-	Nutritional guidance.....	-	-	-	-	-	-
Pharmaceutical service.....	2	-	-	-	2	-	Pharmaceutical service.....	-	-	-	-	-	-
Appliances and equipment.....	2	-	-	-	2	-	Appliances and equipment.....	-	-	-	-	-	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	1	-	-	-	1	-	Other services.....	-	-	-	-	-	-
WEST VIRGINIA							Puerto Rico						
All agencies.....	23	2	2	16	1	2	All agencies.....	2	1	-	-	1	-
Number reporting:							Number reporting:						
Nursing care.....	23	2	2	16	1	2	Nursing care.....	2	1	-	-	1	-
Physical therapy.....	11	1	-	8	1	1	Physical therapy.....	2	1	-	-	1	-
Occupational therapy.....	-	-	-	-	-	-	Occupational therapy.....	1	-	-	-	1	-
Speech therapy.....	6	1	-	5	-	-	Speech therapy.....	1	-	-	-	1	-
Medical social services.....	7	2	-	4	1	-	Medical social services.....	1	-	-	-	1	-
Home health aide services.....	16	2	2	9	1	2	Home health aide services.....	2	1	-	-	1	-
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	3	1	-	1	-	1	Nutritional guidance.....	2	1	-	-	1	-
Pharmaceutical service.....	5	1	1	2	-	1	Pharmaceutical service.....	1	-	-	-	1	-
Appliances and equipment.....	6	1	1	3	-	1	Appliances and equipment.....	1	-	-	-	1	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	1	-	-	-	1	-
Other services.....	3	1	1	-	-	1	Other services.....	-	-	-	-	-	-
WISCONSIN							Virgin Islands						
All agencies.....	58	14	-	36	5	3	All agencies.....	1	-	-	1	-	-
Number reporting:							Number reporting:						
Nursing care.....	58	14	-	36	5	3	Nursing care.....	1	-	-	1	-	-
Physical therapy.....	30	9	-	14	4	3	Physical therapy.....	1	-	-	1	-	-
Occupational therapy.....	25	10	-	11	1	3	Occupational therapy.....	1	-	-	-	-	-
Speech therapy.....	12	4	-	4	1	3	Speech therapy.....	-	-	-	1	-	-
Medical social services.....	7	1	-	3	2	1	Medical social services.....	1	-	-	1	-	-
Home health aide services.....	27	6	-	15	5	1	Home health aide services.....	1	-	-	1	-	-
Interns and residents.....	2	-	-	-	1	1	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	6	-	-	2	4	-	Nutritional guidance.....	1	-	-	1	-	-
Pharmaceutical service.....	3	-	-	-	3	-	Pharmaceutical service.....	1	-	-	1	-	-
Appliances and equipment.....	17	6	-	4	5	2	Appliances and equipment.....	1	-	-	1	-	-
Vocational guidance.....	3	-	-	-	-	3	Vocational guidance.....	-	-	-	-	-	-
Other services.....	6	1	-	-	2	3	Other services.....	1	-	-	1	-	-
WYOMING							Other Outlying Areas						
All agencies.....	8	-	-	8	-	-	All agencies.....	-	-	-	-	-	-
Number reporting:							Number reporting:						
Nursing care.....	8	-	-	8	-	-	Nursing care.....	-	-	-	-	-	-
Physical therapy.....	-	-	-	-	-	-	Physical therapy.....	-	-	-	-	-	-
Occupational therapy.....	-	-	-	-	-	-	Occupational therapy.....	-	-	-	-	-	-
Speech therapy.....	-	-	-	-	-	-	Speech therapy.....	-	-	-	-	-	-
Medical social services.....	-	-	-	-	-	-	Medical social services.....	-	-	-	-	-	-
Home health aide services.....	8	-	-	8	-	-	Home health aide services.....	-	-	-	-	-	-
Interns and residents.....	-	-	-	-	-	-	Interns and residents.....	-	-	-	-	-	-
Nutritional guidance.....	-	-	-	-	-	-	Nutritional guidance.....	-	-	-	-	-	-
Pharmaceutical service.....	-	-	-	-	-	-	Pharmaceutical service.....	-	-	-	-	-	-
Appliances and equipment.....	-	-	-	-	-	-	Appliances and equipment.....	-	-	-	-	-	-
Vocational guidance.....	-	-	-	-	-	-	Vocational guidance.....	-	-	-	-	-	-
Other services.....	-	-	-	-	-	-	Other services.....	-	-	-	-	-	-

Table 3.2.3 NUMBER OF HOME HEALTH AGENCIES AND RATIOS OF SELECTED STAFF, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE

[See NOTES preceding General Tables]

Region, division, State, and type of agency	All home health agencies	Registered professional nurses	Licensed practical nurses	Registered professional nurses per agency	Licensed practical nurses per agency	Region, division, State, and type of agency	All home health agencies	Registered professional nurses	Licensed practical nurses	Registered professional nurses per agency	Licensed practical nurses per agency
ALL AREAS						EAST NORTH CENTRAL					
Total	2 164	15 838.9	1 283.8	7.3	0.6	Total	317	2 270.9	211.4	7.2	0.7
Visiting Nurse Association Combined Government and voluntary agency ..	563	4 660.7	575.0	8.3	1.0	Visiting Nurse Association Combined Government and voluntary agency ..	83	882.7	104.0	10.6	1.3
Official health agency ..	104	1 476.1	110.5	14.2	1.1	Official health agency ..	15	303.8	25.5	20.3	1.7
Hospital based agency ..	1 289	9 144.6	248.8	7.1	0.2	Hospital based agency ..	192	1 027.0	32.8	5.3	0.2
All other	162	320.8	229.9	2.0	1.4	All other	18	32.9	8.5	1.8	0.5
	46	236.8	119.7	5.1	2.6		9	24.5	40.7	2.7	4.5
UNITED STATES						WEST NORTH CENTRAL					
Total	2 160	15 797.9	1 276.8	7.3	0.6	Total	169	648.2	58.9	3.8	0.3
Visiting Nurse Association Combined Government and voluntary agency ..	562	4 657.2	573.0	8.3	1.0	Visiting Nurse Association Combined Government and voluntary agency ..	21	164.5	25.4	7.8	1.2
Official health agency ..	104	1 476.1	110.5	14.2	1.1	Official health agency ..	14	121.6	17.0	8.7	1.2
Hospital based agency ..	1 287	9 110.1	245.8	7.1	0.2	Hospital based agency ..	108	305.6	11.2	2.8	0.1
All other	161	317.8	227.9	2.0	1.4	All other	22	34.8	2.3	1.6	0.1
	46	236.8	119.7	5.1	2.6		4	21.8	3.0	5.4	0.8
NORTHEASTERN STATES						SOUTH ATLANTIC					
Total	698	4 785.1	501.9	6.9	0.7	Total	325	3 199.3	132.0	9.8	0.4
Visiting Nurse Association Combined Government and voluntary agency ..	371	2 556.4	261.6	6.9	0.7	Visiting Nurse Association Combined Government and voluntary agency ..	23	295.9	52.0	12.9	2.3
Official health agency ..	19	281.8	16.5	14.8	0.9	Official health agency ..	35	345.7	9.0	9.9	0.3
Hospital based agency ..	223	1 758.7	17.0	7.9	0.1	Hospital based agency ..	255	2 529.2	55.0	9.9	0.2
All other	82	186.5	206.8	2.3	2.5	All other	5	9.5	3.0	1.9	0.6
	3	1.8	-	0.6	-		7	19.0	13.0	2.7	1.9
NORTH CENTRAL STATES						EAST SOUTH CENTRAL					
Total	486	2 919.1	270.3	6.0	0.6	Total	208	1 072.8	49.3	5.2	0.2
Visiting Nurse Association Combined Government and voluntary agency ..	104	1 047.2	129.4	10.1	1.2	Visiting Nurse Association Combined Government and voluntary agency ..	5	78.5	2.0	15.7	0.4
Official health agency ..	29	425.4	42.5	14.7	1.5	Official health agency ..	-	-	-	-	-
Hospital based agency ..	300	1 332.6	44.0	4.4	0.1	Hospital based agency ..	195	981.4	44.0	5.0	0.2
All other	40	67.7	10.8	1.7	0.3	All other	8	12.9	3.3	1.6	0.4
	13	46.3	43.7	3.6	3.4		-	-	-	-	-
SOUTH						WEST SOUTH CENTRAL					
Total	743	5 325.2	301.8	7.2	0.4	Total	210	1 053.1	120.5	5.0	0.6
Visiting Nurse Association Combined Government and voluntary agency ..	42	489.4	109.5	11.7	2.6	Visiting Nurse Association Combined Government and voluntary agency ..	14	115.0	55.5	8.2	4.0
Official health agency ..	36	378.2	13.0	10.5	0.4	Official health agency ..	1	32.5	4.0	32.5	4.0
Hospital based agency ..	640	4 409.2	153.0	6.9	0.2	Hospital based agency ..	190	898.6	54.0	4.7	0.3
All other	14	23.4	6.3	1.7	0.4	All other	1	1.0	-	1.0	-
	11	25.0	20.0	2.3	1.8		4	6.0	7.0	1.5	1.8
WEST						MOUNTAIN					
Total	233	2 768.5	202.8	11.9	0.9	Total	78	554.3	42.5	7.1	0.5
Visiting Nurse Association Combined Government and voluntary agency ..	45	564.2	72.5	12.5	1.6	Visiting Nurse Association Combined Government and voluntary agency ..	7	82.5	11.0	11.8	1.6
Official health agency ..	20	390.8	38.5	19.5	1.9	Official health agency ..	12	233.3	26.5	19.4	2.2
Hospital based agency ..	124	1 609.6	31.8	13.0	0.3	Hospital based agency ..	47	217.8	4.0	4.6	0.1
All other	25	40.3	4.0	1.6	0.2	All other	10	11.8	1.0	1.2	0.1
	19	163.8	56.0	8.6	2.9		2	9.0	-	4.5	-
NEW ENGLAND						PACIFIC					
Total	369	1 513.8	100.4	4.1	0.3	Total	155	2 214.3	160.3	14.3	1.0
Visiting Nurse Association Combined Government and voluntary agency ..	258	1 246.5	98.6	4.8	0.4	Visiting Nurse Association Combined Government and voluntary agency ..	38	481.7	61.5	12.7	1.6
Official health agency ..	6	27.0	-	4.5	-	Official health agency ..	8	157.5	12.0	19.7	1.5
Hospital based agency ..	85	194.6	1.0	2.3	0.0	Hospital based agency ..	77	1 391.8	27.8	18.1	0.4
All other	19	45.2	0.8	2.4	0.0	All other	15	28.5	3.0	1.9	0.2
	1	0.5	-	0.5	-		17	154.8	56.0	9.1	3.3
MIDDLE ATLANTIC						ALABAMA					
Total	329	3 271.3	401.5	9.9	1.2	Total	54	327.5	2.0	6.1	0.0
Visiting Nurse Association Combined Government and voluntary agency ..	113	1 309.9	163.0	11.6	1.4	Visiting Nurse Association Combined Government and voluntary agency ..	2	23.5	2.0	11.8	1.0
Official health agency ..	13	254.8	16.5	19.6	1.3	Official health agency ..	-	-	-	-	-
Hospital based agency ..	138	1 564.1	16.0	11.3	0.1	Hospital based agency ..	52	304.0	-	5.8	-
All other	63	141.3	206.0	2.2	3.3	All other	-	-	-	-	-
	2	1.3	-	0.6	-		-	-	-	-	-

Table 3.2.3 NUMBER OF HOME HEALTH AGENCIES AND RATIOS OF SELECTED STAFF, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of agency	All home health agencies	Registered professional nurses	Licensed practical nurses	Registered professional nurses per agency	Licensed practical nurses per agency	Region, division, State, and type of agency	All home health agencies	Registered professional nurses	Licensed practical nurses	Registered professional nurses per agency	Licensed practical nurses per agency
ALASKA						FLORIDA					
Total	1	13.0	-	13.0	-	Total	62	755.0	13.0	12.2	0.2
Visiting Nurse Association Combined Government and voluntary agency...	-	-	-	-	-	Visiting Nurse Association Combined Government and voluntary agency...	8	110.9	8.0	13.9	1.0
Official health agency...	1	13.0	-	13.0	-	Official health agency...	29	264.2	1.0	9.1	0.0
Hospital based agency...	-	-	-	-	-	Hospital based agency...	23	369.9	1.0	16.1	0.0
All other	-	-	-	-	-	All other	1	2.0	-	2.0	-
							1	8.0	3.0	8.0	3.0
ARIZONA						GEORGIA					
Total	10	73.5	12.5	7.4	1.3	Total	15	207.5	18.0	13.8	1.2
Visiting Nurse Association Combined Government and voluntary agency...	2	42.0	10.0	21.0	5.0	Visiting Nurse Association Combined Government and voluntary agency...	1	26.0	-	26.0	-
Official health agency...	2	2.0	-	1.0	-	Official health agency...	1	48.0	5.0	48.0	5.0
Hospital based agency...	5	28.5	2.5	5.7	0.5	Hospital based agency...	11	129.5	10.0	11.8	0.9
All other	1	1.0	-	1.0	-	All other	1	3.0	3.0	3.0	3.0
							1	1.0	-	1.0	-
ARKANSAS						HAWAII					
Total	69	149.0	1.0	2.2	0.0	Total	2	29.5	-	14.8	-
Visiting Nurse Association Combined Government and voluntary agency...	1	7.0	1.0	7.0	1.0	Visiting Nurse Association Combined Government and voluntary agency...	-	-	-	-	-
Official health agency...	-	-	-	-	-	Official health agency...	1	26.0	-	26.0	-
Hospital based agency...	68	142.0	-	2.1	-	Hospital based agency...	1	3.5	-	3.5	-
All other	-	-	-	-	-	All other	-	-	-	-	-
CALIFORNIA						IDAHO					
Total	97	1 785.5	142.3	18.4	1.5	Total	10	40.4	2.5	4.0	0.3
Visiting Nurse Association Combined Government and voluntary agency...	32	436.9	58.5	13.7	1.8	Visiting Nurse Association Combined Government and voluntary agency...	-	-	-	-	-
Official health agency...	4	97.0	6.0	24.3	1.5	Official health agency...	2	5.5	1.0	2.8	0.5
Hospital based agency...	34	1 080.9	20.8	31.8	0.6	Hospital based agency...	4	31.1	0.5	7.8	0.1
All other	11	17.0	1.0	1.5	0.1	All other	4	3.8	1.0	0.9	0.3
	16	153.8	56.0	9.6	3.5		-	-	-	-	-
COLORADO						ILLINOIS					
Total	20	307.3	19.5	15.4	1.0	Total	82	537.0	68.8	6.5	0.8
Visiting Nurse Association Combined Government and voluntary agency...	2	9.5	-	4.8	-	Visiting Nurse Association Combined Government and voluntary agency...	24	228.4	19.0	9.5	0.8
Official health agency...	6	215.0	19.5	35.8	3.3	Official health agency...	5	89.8	9.5	18.0	1.9
Hospital based agency...	11	74.8	-	6.8	-	Hospital based agency...	42	179.5	5.0	4.3	0.1
All other	1	8.0	-	8.0	-	All other	7	18.8	3.0	2.7	0.4
							4	20.5	32.3	5.1	8.1
CONNECTICUT						INDIANA					
Total	101	556.8	23.6	5.5	0.2	Total	26	149.3	11.5	5.7	0.4
Visiting Nurse Association Combined Government and voluntary agency...	75	445.9	23.6	5.9	0.3	Visiting Nurse Association Combined Government and voluntary agency...	10	89.8	8.0	9.0	0.8
Official health agency...	1	8.0	-	8.0	-	Official health agency...	2	28.0	2.0	14.0	1.0
Hospital based agency...	24	101.4	-	4.2	-	Hospital based agency...	12	29.0	-	2.4	-
All other	1	1.5	-	1.5	-	All other	1	1.5	0.5	1.5	0.5
							1	1.0	1.0	1.0	1.0
DELAWARE						IOWA					
Total	8	81.0	11.0	10.1	1.4	Total	22	118.5	11.4	5.4	0.5
Visiting Nurse Association Combined Government and voluntary agency...	1	25.0	8.0	25.0	8.0	Visiting Nurse Association Combined Government and voluntary agency...	13	66.5	10.4	5.1	0.8
Official health agency...	1	-	-	-	-	Official health agency...	6	40.0	1.0	6.7	0.2
Hospital based agency...	4	55.0	3.0	13.8	0.8	Hospital based agency...	3	12.0	-	4.0	-
All other	1	1.0	-	1.0	-	All other	-	-	-	-	-
							-	-	-	-	-
DISTRICT OF COLUMBIA						KANSAS					
Total	2	190.0	32.0	95.0	16.0	Total	30	124.3	2.0	4.1	0.1
Visiting Nurse Association Combined Government and voluntary agency...	1	47.0	16.0	47.0	16.0	Visiting Nurse Association Combined Government and voluntary agency...	1	11.0	-	11.0	-
Official health agency...	-	-	-	-	-	Official health agency...	3	3.0	-	1.0	-
Hospital based agency...	1	143.0	16.0	143.0	16.0	Hospital based agency...	21	100.3	1.0	4.8	0.0
All other	-	-	-	-	-	All other	5	10.0	1.0	2.0	0.2
							-	-	-	-	-

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KENTUCKY						MISSOURI					
Total	16	71.1	1.3	4.4	0.1	Total	32	123.5	11.7	3.9	0.4
Visiting Nurse Association Combined Government and voluntary agency ..	2	40.0	-	20.0	-	Visiting Nurse Association Combined Government and voluntary agency ..	3	65.0	6.0	21.7	2.0
Official health agency ..	-	-	-	-	-	Official health agency ..	1	1.0	-	1.0	-
Hospital based agency ..	8	22.2	-	2.8	-	Hospital based agency ..	19	25.7	1.4	1.4	0.1
All other ..	6	8.9	1.3	1.5	0.2	All other ..	7	14.6	1.3	2.1	0.2
	-	-	-	-	-		2	17.3	3.0	8.6	1.5
LOUISIANA						MONTANA					
Total	54	266.5	35.5	4.9	0.7	Total	13	30.2	-	2.3	-
Visiting Nurse Association Combined Government and voluntary agency ..	4	31.5	26.5	7.9	6.6	Visiting Nurse Association Combined Government and voluntary agency ..	-	-	-	-	-
Official health agency ..	-	-	-	-	-	Official health agency ..	-	-	-	-	-
Hospital based agency ..	47	229.0	2.0	4.9	0.0	Hospital based agency ..	9	26.2	-	2.9	-
All other ..	-	-	-	-	-	All other ..	3	3.0	-	1.0	-
	3	6.0	7.0	2.0	2.3		1	1.0	-	1.0	-
MAINE						NEBRASKA					
Total	23	58.0	-	2.5	-	Total	5	48.0	7.0	9.6	1.4
Visiting Nurse Association Combined Government and voluntary agency ..	14	45.1	-	3.2	-	Visiting Nurse Association Combined Government and voluntary agency ..	-	-	-	-	-
Official health agency ..	1	2.0	-	2.0	-	Official health agency ..	1	41.0	7.0	41.0	7.0
Hospital based agency ..	4	5.0	-	1.3	-	Hospital based agency ..	-	-	-	-	-
All other ..	4	5.9	-	1.5	-	All other ..	3	4.0	-	1.3	-
	-	-	-	-	-		1	3.0	-	3.0	-
MARYLAND						NEVADA					
Total	28	753.0	15.0	26.9	0.5	Total	3	6.3	2.0	2.1	0.7
Visiting Nurse Association Combined Government and voluntary agency ..	3	39.2	14.0	13.1	4.7	Visiting Nurse Association Combined Government and voluntary agency ..	1	1.0	-	1.0	-
Official health agency ..	-	-	-	-	-	Official health agency ..	1	2.3	2.0	2.3	2.0
Hospital based agency ..	24	711.8	1.0	29.7	0.0	Hospital based agency ..	1	3.0	-	3.0	-
All other ..	1	2.0	-	2.0	-	All other ..	-	-	-	-	-
	-	-	-	-	-		-	-	-	-	-
MASSACHUSETTS						NEW HAMPSHIRE					
Total	178	622.6	47.1	3.5	0.3	Total	33	67.6	1.0	2.0	0.0
Visiting Nurse Association Combined Government and voluntary agency ..	112	499.6	45.3	4.5	0.4	Visiting Nurse Association Combined Government and voluntary agency ..	26	53.1	1.0	2.0	0.0
Official health agency ..	4	17.0	-	4.3	-	Official health agency ..	-	-	-	-	-
Hospital based agency ..	50	74.5	1.0	1.5	0.0	Hospital based agency ..	5	9.0	-	1.8	-
All other ..	12	31.6	0.8	2.6	0.1	All other ..	1	5.0	-	5.0	-
	-	-	-	-	-		1	0.5	-	0.5	-
MICHIGAN						NEW JERSEY					
Total	50	456.8	60.5	9.1	1.2	Total	54	567.5	44.6	10.5	0.8
Visiting Nurse Association Combined Government and voluntary agency ..	11	190.5	40.5	17.3	3.7	Visiting Nurse Association Combined Government and voluntary agency ..	28	283.7	28.6	10.1	1.0
Official health agency ..	2	9.0	1.0	4.5	0.5	Official health agency ..	3	80.5	7.0	26.8	2.3
Hospital based agency ..	34	249.8	15.0	7.3	0.4	Hospital based agency ..	15	167.8	6.0	11.2	0.4
All other ..	3	7.5	4.0	2.5	1.3	All other ..	8	35.6	3.0	4.5	0.4
	-	-	-	-	-		-	-	-	-	-
MINNESOTA						NEW MEXICO					
Total	48	141.0	25.3	2.9	0.5	Total	5	33.3	5.0	6.7	1.0
Visiting Nurse Association Combined Government and voluntary agency ..	3	20.5	9.0	6.8	3.0	Visiting Nurse Association Combined Government and voluntary agency ..	1	14.0	1.0	14.0	1.0
Official health agency ..	3	36.6	9.0	12.2	3.0	Official health agency ..	1	8.5	4.0	8.5	4.0
Hospital based agency ..	37	78.7	7.3	2.1	0.2	Hospital based agency ..	2	9.8	-	4.9	-
All other ..	4	3.8	-	0.9	-	All other ..	1	1.0	-	1.0	-
	1	1.5	-	1.5	-		-	-	-	-	-
MISSISSIPPI						NEW YORK					
Total	59	228.7	2.0	3.9	0.0	Total	132	1 752.4	97.0	13.3	0.7
Visiting Nurse Association Combined Government and voluntary agency ..	-	-	-	-	-	Visiting Nurse Association Combined Government and voluntary agency ..	26	547.4	83.5	21.1	3.2
Official health agency ..	-	-	-	-	-	Official health agency ..	6	35.8	4.5	6.0	0.8
Hospital based agency ..	57	224.7	-	3.9	-	Hospital based agency ..	60	1 105.7	8.0	18.4	0.1
All other ..	2	4.0	2.0	2.0	1.0	All other ..	40	63.6	1.0	1.6	0.0
	-	-	-	-	-		-	-	-	-	-

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[See NOTES preceding General Tables]

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NORTH CAROLINA						SOUTH DAKOTA					
Total	17	227.5	5.0	13.4	0.3	Total	25	75.0	1.5	3.0	0.1
Visiting Nurse Association Combined Government and voluntary agency ..	2	2.0	1.0	1.0	0.5	Visiting Nurse Association Combined Government and voluntary agency ..	1	1.5	-	1.5	-
Official health agency ..	2	27.5	1.0	13.8	0.5	Official health agency ..	-	-	-	-	-
Hospital based agency ..	12	196.0	1.0	16.3	0.1	Hospital based agency ..	22	71.5	1.5	3.3	0.1
All other	-	-	-	-	-	All other	2	2.0	-	1.0	-
	1	2.0	2.0	2.0	2.0		-	-	-	-	-
NORTH DAKOTA						TENNESSEE					
Total	7	18.0	-	2.6	-	Total	79	445.5	44.0	5.6	0.6
Visiting Nurse Association Combined Government and voluntary agency ..	-	-	-	-	-	Visiting Nurse Association Combined Government and voluntary agency ..	1	15.0	-	15.0	-
Official health agency ..	-	-	-	-	-	Official health agency ..	78	430.5	44.0	5.5	0.6
Hospital based agency ..	6	17.5	-	2.9	-	Hospital based agency ..	-	-	-	-	-
All other	1	0.5	-	0.5	-	All other	-	-	-	-	-
	-	-	-	-	-		-	-	-	-	-
OHIO						TEXAS					
Total	101	854.1	53.6	8.5	0.5	Total	32	414.5	66.0	13.0	2.1
Visiting Nurse Association Combined Government and voluntary agency ..	24	242.4	22.2	10.1	0.9	Visiting Nurse Association Combined Government and voluntary agency ..	9	76.5	28.0	8.5	3.1
Official health agency ..	6	177.0	13.0	29.5	2.2	Official health agency ..	-	-	-	-	-
Hospital based agency ..	68	429.7	10.0	6.3	0.1	Hospital based agency ..	21	337.0	38.0	16.0	1.8
All other	2	2.0	1.0	1.0	0.5	All other	1	1.0	-	1.0	-
	1	3.0	7.4	3.0	7.4		1	-	-	-	-
OKLAHOMA						UTAH					
Total	55	223.1	18.0	4.1	0.3	Total	9	41.5	1.0	4.6	0.1
Visiting Nurse Association Combined Government and voluntary agency ..	-	-	-	-	-	Visiting Nurse Association Combined Government and voluntary agency ..	1	16.0	-	16.0	-
Official health agency ..	1	32.5	4.0	32.5	4.0	Official health agency ..	7	22.5	1.0	3.2	0.1
Hospital based agency ..	54	190.6	14.0	3.5	0.3	Hospital based agency ..	1	3.0	-	3.0	-
All other	-	-	-	-	-	All other	-	-	-	-	-
	-	-	-	-	-		-	-	-	-	-
OREGON						VERMONT					
Total	30	255.7	11.1	8.5	0.4	Total	10	28.8	1.1	2.9	0.1
Visiting Nurse Association Combined Government and voluntary agency ..	3	26.5	3.0	8.8	1.0	Visiting Nurse Association Combined Government and voluntary agency ..	8	24.0	1.1	3.0	0.1
Official health agency ..	-	-	-	-	-	Official health agency ..	-	-	-	-	-
Hospital based agency ..	25	224.2	7.1	9.0	0.3	Hospital based agency ..	2	4.8	-	2.4	-
All other	1	4.0	1.0	4.0	1.0	All other	-	-	-	-	-
	1	1.0	-	1.0	-		-	-	-	-	-
PENNSYLVANIA						VIRGINIA					
Total	143	951.3	259.9	6.7	1.8	Total	131	630.9	23.5	4.8	0.2
Visiting Nurse Association Combined Government and voluntary agency ..	59	478.9	50.9	8.1	0.9	Visiting Nurse Association Combined Government and voluntary agency ..	4	36.9	5.0	9.2	1.3
Official health agency ..	4	138.5	5.0	34.6	1.3	Official health agency ..	127	594.0	18.5	4.7	0.1
Hospital based agency ..	63	290.6	2.0	4.6	0.0	Hospital based agency ..	-	-	-	-	-
All other	15	42.1	202.0	2.8	13.5	All other	-	-	-	-	-
	2	1.3	-	0.6	-		-	-	-	-	-
RHODE ISLAND						WASHINGTON					
Total	24	180.2	27.6	7.5	1.2	Total	25	130.6	7.0	5.2	0.3
Visiting Nurse Association Combined Government and voluntary agency ..	23	179.0	27.6	7.8	1.2	Visiting Nurse Association Combined Government and voluntary agency ..	3	18.4	-	6.1	-
Official health agency ..	-	-	-	-	-	Official health agency ..	4	60.5	6.0	15.1	1.5
Hospital based agency ..	-	-	-	-	-	Hospital based agency ..	16	47.7	-	3.0	-
All other	1	1.2	-	1.2	-	All other	2	4.0	1.0	2.0	0.5
	-	-	-	-	-		-	-	-	-	-
SOUTH CAROLINA						WEST VIRGINIA					
Total	39	251.5	-	6.4	-	Total	23	102.9	14.5	4.5	0.6
Visiting Nurse Association Combined Government and voluntary agency ..	1	3.0	-	3.0	-	Visiting Nurse Association Combined Government and voluntary agency ..	2	5.9	-	3.0	-
Official health agency ..	-	-	-	-	-	Official health agency ..	2	6.0	2.0	3.0	1.0
Hospital based agency ..	37	248.5	-	6.7	-	Hospital based agency ..	16	81.5	4.5	5.1	0.3
All other	-	-	-	-	-	All other	1	1.5	-	1.5	-
	1	-	-	-	-		2	8.0	8.0	4.0	4.0

Table 3.2.3 NUMBER OF HOME HEALTH AGENCIES AND RATIOS OF SELECTED STAFF, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of agency	All home health agencies	Registered professional nurses	Licensed practical nurses	Registered professional nurses per agency	Licensed practical nurses per agency	Region, division, State, and type of agency	All home health agencies	Registered professional nurses	Licensed practical nurses	Registered professional nurses per agency	Licensed practical nurses per agency
WISCONSIN						OUTLYING AREAS—Con.					
Total	58	273.7	17.1	4.7	0.3	Puerto Rico					
Visiting Nurse Association	14	131.6	14.3	9.4	1.0	Total	2	6.5	4.0	3.3	2.0
Combined Government	-	-	-	-	-	Visiting Nurse Association	1	3.5	2.0	3.5	2.0
and voluntary agency ..	-	-	-	-	-	Combined Government	-	-	-	-	-
Official health agency ..	36	139.0	2.8	3.9	0.1	and voluntary agency ..	-	-	-	-	-
Hospital based agency ..	5	3.1	-	0.6	-	Official health agency ..	-	-	-	-	-
All other	3	-	-	-	-	Hospital based agency ..	1	3.0	2.0	3.0	2.0
						All other	-	-	-	-	-
WYOMING						Virgin Islands					
Total	8	22.0	-	2.8	-	Total	1	4.5	-	4.5	-
Visiting Nurse Association	-	-	-	-	-	Visiting Nurse Association	-	-	-	-	-
Combined Government	-	-	-	-	-	Combined Government	-	-	-	-	-
and voluntary agency ..	-	-	-	-	-	and voluntary agency ..	-	-	-	-	-
Official health agency ..	8	22.0	-	2.8	-	Official health agency ..	1	4.5	-	4.5	-
Hospital based agency ..	-	-	-	-	-	Hospital based agency ..	-	-	-	-	-
All other	-	-	-	-	-	All other	-	-	-	-	-
OUTLYING AREAS						Other Outlying Areas					
Guam						Total	-	-	-	-	-
Total	1	30.0	3.0	30.0	3.0	Visiting Nurse Association	-	-	-	-	-
Visiting Nurse Association	-	-	-	-	-	Combined Government	-	-	-	-	-
Combined Government	-	-	-	-	-	and voluntary agency ..	-	-	-	-	-
and voluntary agency ..	-	-	-	-	-	Official health agency ..	-	-	-	-	-
Official health agency ..	1	30.0	3.0	30.0	3.0	Hospital based agency ..	-	-	-	-	-
Hospital based agency ..	-	-	-	-	-	All other	-	-	-	-	-
All other	-	-	-	-	-						

Other Data Sources On The Health Insurance For The Aged Program

The *Health Insurance Statistics* series is designed to present current, quick-release data from the Medicare program. Two report series are issued in this format:

The Health Insurance (HI) series has included 27 releases since 1967. Issues released prior to 1970 are out of print, but available in many libraries.

The Current Medicare Survey (CMS) series, based on data from the continuing Current Medicare Survey, has included 14 releases since 1967. These issues are available in most libraries.

Future releases in the HI and CMS series may be obtained upon request to the Publications Staff, Office of Research and Statistics, Social Security Administration, Room 3643, HEW North Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

The *Social Security Bulletin*, published monthly, presents authoritative articles and analyses of medical care expenditures, prices, and utilization, as well as current operating statistics from the Medicare program. The *Annual Statistical Supplement* to the *Bulletin* includes summary data on trust funds, services, claims, enrollment, average charges, and participating providers of service under Medicare. The *Bulletin*, including the Supplement, is available in most libraries and by subscription at \$4 a year from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The *Research and Statistics Note* series reports on-going research, preliminary findings, or provides addenda to material already published on the old-age, survivors, disability, and health insurance program. Designed to get information quickly into the hands of users, the series includes data on medical care prices, outlays, and expenditures.

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